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E-Poster Presentation

E-Poster Presentation: Anxiety Disorders and Somatoform Disorders - Part I

E-PP0002

Pharmacological prevention of post-traumatic stress disorder and acute stress disorder: a systematic review and meta-analysis

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Background and aims.– Post-traumatic stress disorder (PTSD) is a common mental disorder associated with significant distress and reduced functioning. Its occurrence after a severe traumatic event and association with characteristic neurobiological changes make PTSD a good candidate for pharmacological prevention. This study sought to establish the efficacy of pharmacological prevention of PTSD.

Methods.– A systematic search was undertaken to identify randomised controlled trials (RCTs) which used early pharmacotherapy (within three months of a traumatic event) to prevent and treat PTSD and ASD in children and adults. Using methodology advocated by the Cochrane Collaboration, RCTs were identified and rated for risk of bias. Available data was meta-analysed to calculate risk ratios (RR) for PTSD prevalence and stanardised mean differences (SMD) for PTSD severity.

Results.– Nineteen RCTs met the inclusion criteria; 15 studies with adult participants and four with children. The methodological quality of most trials was low. Only hydrocortisone in adults was found to be superior to placebo (3 studies, $n = 88$, RR: 0.21 (CI 0.05 to 0.89) although this was in populations with severe physical illness, raising concerns about generalisability. No significant effects were found for the other pharmacotherapies investigated (propranolol, oxytocin, gabapentin, docosahexaenoic acid, fish oil, escitalopram, imipramine and chloral hydrate).

Conclusions.– Hydrocortisone shows the most promise, of pharmacotherapies subjected to RCTs, as an emerging intervention in the prevention of PTSD and should be a target for further investigation. There is currently a lack of evidence to suggest that other pharmacological agents are likely to be effective.

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

E-PP0003

Affective temperaments in panic disorder

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Background and aims.– The nature and role of affective temperament in the genesis, evolution and outcome of major mood disorder is well studied (Rihmer et al., 2010), but there are only few reports on the relationship between panic disorder and affective temperaments.

Methods.– We have investigated the distribution of five affective temperaments (depressive, DE; cyclothymic, CT; irritable, IR; hyperthymic, HT; and anxious, ANX) among our outpatients with panic disorder.

We have collected data on ICD 10 diagnosed panic disorder outpatients from 30 Sept.2016 to 30. Sept. 2017. In all 118 patients, 80 female (68%) and 38 male (32%) have been included. Affective temperaments were evaluated by the TEMPS-A (Temperament Evaluation of Memphis, Pisa, Paris and San Diego - Autoquestionnarie) instrument (Rózsa et al., 2008).

Results.– The average age of patients was 44.4 years. Comorbid agoraphobia, unipolar depression and bipolar disorder were present in 74%, 64%, and 21% of patients. Among females the dominant depressive, and anxious temperaments were 3 and 4 times more common than in the general population of Hungary (DE: 10% vs 3,4%; $p < 0{,}01$, ANX: 20% vs 4,8%, $p < 0{,}0001$). Among male patients only depressive temperament was slightly overrepresented (DE:7,9% vs 2,7%, not significant).

Conclusions.– Specific affective temperament profile is characteristic primarily for female panic disorder patients, but this study needs replication.

Reference.– Rihmer Z. et al, Curr Opin Psychiat, 2010; 23: 12–18. Rózsa S. et al, J Affect Disord, 2008; 106: 45–53.

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

E-PP0006

Did depressed patients suffering from neuropathic pain have a poor quality of life?

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Background and aims.– Despite the prevalence of neuropathic pain, and the acknowledgment that pain, can reduce quality of life, a comprehensive assessment of its psychosocial burden is lacking. Our objective was to demonstrate the relationship between the depression and the quality of life on patient suffering from neuropathic pain.
Methods.– We conducted a multicenter observational study including patients consulting for neuropathic pain at the Pain Treatment Center in Tunis and the functional exploration department in Hedi Chaker Hospital. The diagnosis and intensity of neuropathic pain were assessed according to the neuropathic pain questionnaire (DN4) and the visual analog evaluation scale, respectively. The impact of neuropathic pain was assessed with the brief pain inventory (BPI). Depression was evaluated according to the Hospital Anxiety and Depression Scale.
Results.– Sixty-one patients were recruited. The sex ratio was 0.52. The mean age was 52.7 ± 14.3 years. The average of pain intensity was 7.57 ± 1.73. The mean DN4 score was 6.49 ± 1.54. The disease impact on quality of life was moderate (mean global BPI: 5.53 ± 1.76). Forty patients had depressive symptomatology with a mean depression score of 12.9 ± 3.79. Significant correlations were found between the depression score and the BPI score ($p = 0$, $r = 0.59$). Some items were correlated to depression: capacity of walk ($p = 0$, $r = 0.49$), relation with others ($p = 0$, $r = 0.5$), sleeping ($p = 0.004$, $r = 0.25$) and enjoyment of life ($p = 0.001$, $r = 0.42$).
Conclusions.– Depression and pain had both individual and additive adverse associations with quality of life. Enhanced detection and management of this disabling symptom dyad is warranted.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0007

Peculiarities of actual negative emotional conditions in patients with chronic functional intestinal disorders

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Background and aims.– Emotional disturbances in patients with functional intestinal disorders are of etiological significance and act as an essential component of pathomorphosis. Study of this phenomenon allows improvement of the diagnostic, therapeutic and preventive measures.
Methods.– The study enrolled 114 patients (26 male and 88 female) with irritable bowel syndrome (IBS-D, IBS-C, IBS-M and IBS-U), functional constipation (FC) and functional diarrhea (FD). The average age subject age was $43,6 \pm 11$ years. In order to achieve the study objective, MMPI method was used.
Results.– In general, the averaged subject profile comparative analysis results showed that the profile with leading peak score by the first scale was observed by 2,1 times more often than the profile with leading peak score by the second scale: $58,3 \pm 16,6$ vs. 27,34,7, respectively $p < 0,01$ and significantly higher than other profile types (peak score by 3, 4 and 6 scales), 58,3 vs. $18,5 \pm 11,6$ respectively. The second most common profile type was the profile with leading peak score by the second scale (various levels by 9 score and score combinations). Such tendency was the most prominent in patients with IBS-U 35%, as compared to 33,4% in FD patients and 31% in IBS-D patients, $p > 0,05$. The first scale elevation indicates the patient's concerns regarding his/her physical health and represents the anxiety somatization (as combined with other scores), while the second scale elevations are typical for patients with increased anxiety levels.
Conclusions.– Therefore, the emotional associative connections with the various forms of functional intestinal disorders allow determination of therapy approaches and psychotherapeutic correction methods.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0008

Analysis of interrelations between pain syndrome level and actual psychological status in patients with irritated bowel syndrome with diarrhea

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Background and aims.– Interrelation between chronic pain syndrome and non-psychotic disorders of various duration and manifestations has been the subject of extensive studies.
Methods.– The study enrolled 37 patients (10 male and 27 female) with IBS-D. The average subject age was $32,3 \pm 12$ years. In order to achieve the study objective, MMPI method, TAS test, VAS scale and McGill Pain Questionnaire were used.
Results.– Study results indicated that the high pain syndrome (PS) level by VAS scale correlated with the elevated T-scores by MMPI scales (at $\geq$80 T-scores and high) $r = 0,824$, $p < 0,01$, the profile type (depressive, depressive-anxious) $r = 0,729$, $p < 0,01$, and high alexithymia levels $r = 0,562$, $p < 0,01$. When the profile level decreased to 70 T-scores, the correlation with PS was $r = 0,426$, $p < 0,01$, while the correlations with the profile type and alexithymia levels were preserved at the same level $r = 0,652$, $p < 0,01$. The inverse correlation was observed between the elevated PS level and profile level location in the lower continuum part (65 T-scores or less) $r = -0,232$, $p < 0,01$, while the correlations with the profile type and alexithymia levels were preserved at the same level $r = 0, 825$, $p < 0,01$.
Conclusions.– The data obtained allow correction of psychotropic drugs dosage and inclusion of non-pharmaceutical methods into the treatment schemes for patients with high alexithymia levels.

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

E-PP0012

A 10 year study of dissociative stupor and possession in a private psychiatry OPD

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Background and aims.– Dissociative Disorders were suggested to be on the vain in earlier studies. The present study, when analysed for seven years did not show any change.
To study the incidence of Dissociative Stupor and Posession in a psychiatry population. for ten years. To analyse the gender distribution of different age groups and the predominant age of presentation.
Methods.– All new patients attending a private psychiatry OPD at Lakhimpur Kheri, were screened for Dissociative Disorder according to ICD 10, F44.2 and F44.3, from the 1st of JAN 2007 to 31st of DEC 2016. These subjects, only those presenting with fits of unconsciousness and possession, were analyzed and compared.
Results.– Out of a total of 48659 patients seen in this period (26943 males and 21816 females) a total of 4372 presented with the above mentioned symptoms (879 males and 3493 females) about 8.98%. This confirms that 79.9% females represented the subject group but in preadolescent group, there were 205 males as compared to 163 females, a ratio of 1.26:1 in favour of males.
Conclusions.– The results showed no decline. The study reconfirms that the symptoms are more prominent in adolescent and young females than males but this relationship is reversed in the preadolescent ages.
The incidence of the select symptoms ranged between 7.6% and 10.2% through the 10 years, The figure would be much higher if both conversion and dissociative symptoms are included. The results of this present study of fifteen years are yet to be analyzed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0014

Is there an association between hypertension and both anxiety and depression?

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Background and aims.– Anxiety and depression are common psychiatric comorbidities in patients diagnosed with hypertension which may worsen the course of this disease.
The objective of our study was to evaluate the prevalence of anxiety and depression during hypertension in a tunisian cohort.
Methods.– A cross-sectional, comparative study with 200 subjects including 100 patients with hypertension and 100 matched controls according to age and gender. Patient enrolment took place in a basic health center in the governorate of Mannouba, Tunisia. Anxiety and depression were assessed in both groups using the Hospital Anxiety and Depression Scale (HAD-S).
Results.– In our study, 58% of patients with hypertension ($n = 58$) had a certain anxiety with an anxiety score > 10 versus 22% of control subjects ($n = 22$). The difference was highly significant between the two groups ($p < 0{,}001$). As for the prevalence of depression, 27% ($n = 27$) of patients with hypertension had a certain depression with a depression score> 10 versus 8% of control subjects ($n = 8$). The difference was statistically significant between the two groups ($p < 0.001$). Twenty-four percent of patients with hypertension ($n = 24$) had both a certain anxiety disorder and a certain depression compared to 6% of patients ($n = 6$). The difference was statistically significant ($p < 0.001$).
Conclusions.– Our results emphasize the high prevalence of anxiety disorders and depression in patients diagnosed with hypertension compared to a control group. Nevertheless, these disorders are still under-diagnosed in this population which highlights the need for a systematic screening and an early management of these comorbidities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0015

Systematic information processing in patients experiencing pathological worry. The role of loss avoidance and inhibitory control



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Background and aims.– The presented work discusses the problems of connection of the intensification of pathological worrying with symptoms of anxiety, generalized anxiety, the use of systematic information processing and heuristics.
Methods.– The first phase of the study covered $N = 251$ subjects, a survey containing test items of the Penn State Worry Questionnaire scale (PSWQ), questions about the frequency of consultations with the GP and the symptoms of generalized anxiety disorder were used. In the second phase ($N = 220$) STAI Inventory, PSWQ questionnaire and experimental tasks for measuring algorithmic and heuristic thinking were used (in two types of conditions: with emotionally neutral stimulus material and with anxiety-related connotations). In the third phase ($N = 60$) Iowa Gambling Task and the Stroop B, implemented in the Psytoolkit environment, were additionally applied.
Results.– 4.7% of respondents met the GAD criteria at the time of the study. 61% of people declaring high levels of worries declared experiencing GAD symptoms during their lifetime. These people visited the GP much more often. There were significant correlation connections between mood and worrying as well as anxiety and mood and style of information processing. There was also a significant correlation between the results of the Iowa Gambling Task test and worrying in group of women.
Conclusions.– The obtained results suggest that anxiety and mood have significantly modified the style of information processing in conditions of uncertainty. Among the subjects meeting the GAD criteria, there were more women, and among women, the intensity of worrying was related to the decision-making style oriented on loss avoidance.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0016

Impulsivity facets in generalized anxety disorder

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Background and aims.– mpulsivity has a pivotal role in several mental disorders; it has been identified as a significant pathologic dimension in OCD, eating disorders, ADHD, addiction disorders and more recently, in bipolar disorder. However, few studies have investigated the association between Generalized Anxiety Disorder (GAD) and impulsivity. The aim of this study was to investigate the possible relation among different impulsivity facets and clinical characteristics of patients with GAD.
Methods.– 34 patients with GAD and 29 healthy volunteers were included. All subjects were accessed using the GAD-7, Penn State Worry questionnaire (PSWQ), Beck Depressive Inventory, and the Barrat Impulsivity Scale (BIS - 11). Neuroticism was measured using the five factor adjective list described by Hutz et al. (1998).
Results.– Global BIS-11 scores were higher in the GAD group, in comparison with controls (68.50 ± 10.97 vs 61.31 ± 9.07 $p = 0.007$). Only the facets of attentional impulsivity and cognitive instability were significantly higher in groups. Cognitive instability was better explained by higher PSWQ scores, while the attentional impulsivity was better explained by higher GAD-7 scores, in linear models.
Conclusions.– Higher global impulsivity in GAD patients seems to be due to increased attentional impulsivity and cognitive instability but not to increased scores in other impulsivity facets. Different aspects of symptoms severity but not diagnosis explained impulsivity in both dimensions (attentional and cognitive).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0017

Broken heart disease and psychiatric patology: a case report

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Background and aims.– Highlight the importance of performing an organic screening before diagnosing panic attacks, especially in the cases of refractoriness.
Methods.– The case of a 58-year-old woman diagnosed with anxiety-depressive disorder, refractory to antidepressant and anxiolytic treatment was presented.
Results.– 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 Sd. Takotsubo. 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 infrarrenal location were found. It required surgical intervention with the paraganglioma being extirpated resulting in improvements of her anxious disorder, but the depressive syntoms 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 shows 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 a conflict of interest statement.

E-Poster Presentation: Anxiety Disorders and Somatoform Disorders - Part II

E-PP0019

Regression and recovery in conversion disorder. video presentation of a case of hysteria in the 21st century

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Background and aims.– The conversion disorder is a functional neurological symptoms disorder without neurological or medical conditions.
Methods.– Description and two-minute video presentation of a case plus literature review.
Results.– A 51-year-old woman is evaluated in Psychiatry derived from Neurology for episode of aphasia-like episode, weakness, gait disorder, during less than 48 hours and anodyne results of transcranial doppler ultrasound and brain scan. She was born in Eastern Europe but have lived in Spain during 20 years. When she was 27, her little child was severely ill while her husband was moved abroad and she required a Psychology consultation for a year. Before the current episode, she had visited the Urgency three times due to dissociative amnesia and ataxia in stressful moments with spontaneous resolution. The actual episode is similar, but with additional language disorder as babbling, incongruent affection, puerile behavior and child's writing suggestive of an infantile evolutionary state compatible with regression. Treatment with benzodiazepines and haloperidol was effective. On the third day she had intelligible and coherent speech, with dissociative amnesia, although she still continued puerile. She continued treatment in home hospitalization and she evolved from childhood to adult life after two months of treatment until she recovered her normal functionality. It was used integrative psychotherapy as well.
Conclusions.– Conversion disorder was called "hysteria" before and, despite the pejorative connotation of the term, it is a non-conscious phenomenon that manifests the collapse of the mind in front of the psychic suffering. One hundred years after Charcott and Freud, these phenomena are still observed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0020

Rapid orienting to masked angry faces in social anxiety disorder

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Background and aims.– Biases in information processing play an important role in the etiology and maintenance of anxiety disorders. Social anxiety disorder (SAD) is marked by fear of social

interactions and includes a hypersensitivity to signals of social threat, such as angry facial expressions. A number of functional imaging studies have reported anomalies in responses of the amygdala in social anxiety, however, little is known about the behavioral impact of the amygdala sensitivity to masked angry faces in social anxiety.
Therefore, the aim of the present study was to evaluate if the amygdala is involved in rapid orienting to backward masked angry faces in social anxiety.
Methods.– With event-related functional magnetic resonance imaging, brain activation to backward masked angry faces photographs was measured in 18 individuals with SAD and 18 healthy subjects, as a control group. During imaging, subjects performed a dot-probe task with rapidly presented (33 msec), masked emotional (angry) and neutral faces (direct trails) or undirected trials consisted of either two angry or two neutral faces.
Results.– We found faster response to subliminally presented angry faces in both studied groups, when face was presented on the right visual field (RVF) accompanied by increased right amygdala activation. Compared with control subjects, socially anxious showed greater response of amygdala to all kinds of pair of faces.
Conclusions.– Results of the current study provide an evidence that amygdala is involved in orienting to backward masked angry faces and suggest that in socially anxious patients amygdala is hypersensitive not only to angry but also neutral faces.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0022

Transition from perception of autonomic functioning to somatoform disorders: the role of alexithymia and health anxiety

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Background and aims.– Perception of autonomic functioning, such as feeling of fast/loud heartbeat, sweatiness, bowel motility, is a part of normal interoceptive experience. However, the same features represent the complaints forming somatoform disorders. It is of practical importance to study the differences between these two phenomena.
Objectives.– To evaluate the factors contributing to increased autonomic perception and to formation of somatoform disorders.
Methods.– 58 volunteers aged 38 ± 12 (7 male) were examined with the use of Screening for Somatoform Disorders 2 (SOMS-2), Autonomic Perception Scale (APS, a checklist for features of autonomic functioning perceived during the last week), Short Health Anxiety Inventory (SHAI), Toronto Alexithymia Scale (TAS-20), and Multidimensional Assessment of Interoceptive Awareness (MAIA). A linear regression was used to evaluate the role of alexithymia, health-related anxiety and interoceptive awareness both in autonomic perception (APS) and in somatoform disorders (SOMS-2)
Results.– Linear regression allowed prediction of the APS value on the base of model including TAS-20, SHAI and MAIA ($R = 0.75$, $p < 0.001$), and the major predictor was alexithymia (standardized coefficient 0.7, $p < 0.001$). Model with the same components allowed prediction of the SOMS-2 value ($R = 0.73$, $p < 0.001$), but, in contrary with the APC value, the major contributor was the health-related anxiety (standardized coefficient 0.6, $p < 0.001$).
Conclusions.– Individuals with higher alexithymia are prone to increased perception of autonomic signs, which may be explained by inability to recognize the emotional content of arousal. However, alexithymia per se does not lead to formation of somatoform disorders — the major pathogenetic factor is represented by health anxiety.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0023

Anxio-depressive disorders in patients in complete remission of breast cancer

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Background and aims.– Breast cancer and its treatment may cause physical and psychic aftereffects. Psychological symptomatology may include anxious and depressive manifestations. The aim of the study was to estimate the prevalence of anxiety-like and depressive psychiatric disorders in patients in complete remission from non-metastatic breast cancer.
Methods.– We conducted a prospective descriptive cross-sectional study. This study randomly involved 50 patients in remission of at least 3 months of non-metastatic breast cancer followed at outpatient surgical oncology department at the Salah Azaiez Institute, having consulted for a period ranging from April to June 2017. Screening for anxiety and depression was assessed using the Hospital Anxiety and Depression Scale (HADS).
Results.– The average age was 54 years old. Socio-economic level was rather medium to low. The majority of patients, 84%, did not go beyond the primary level and 88% were without a profession. Half of the population was married. The average consultation time was 9 months. The average duration of remission of the patients was 20 months. At the time of diagnosis, 78% of the patients were at an early stage. Breast surgery was conservative in 44% of cases and radical in 56% of cases. Adjuvant chemotherapy was administered in 78% of cases. Thirty-four percent of patients ($N = 17$) had anxiety and 28% ($N = 14$) had depression. The need for psychological help was halved during remission.
Conclusions.– A multidisciplinary psycho-oncological management involving surgeon-carcinologist, oncologist, psychiatrist and psychologist is necessary for patients in remission of breast cancer.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0025

The change of heart rate variability during 6-week pharmacotherapy in patients with panic disorder

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Background and aims.– Autonomic nerve system is closely related with panic symptoms and heart rate variability (HRV). This study was designed to evaluate relation between 6-week pharmacotherapy and the alteration of autonomic nerve function in patients with panic disorder.
Methods.– The subjects were patients ($n = 44$) who met DSM-IV criteria for panic disorder with or without agoraphobia. They performed ADIS-P&A, CGI, HAM-D, PDSS and heart rate variability before and after 6-week pharmacotherapy. We prescribed paroxetine primarily and benzodiazepine in case of needed.
Results.– After 6-week pharmacotherapy, panic symptoms were significant improved. In the power spectrum analysis of HRV, Total Power (TP) was significantly reduced after treat-

ment ($F(1,43) = 2.83$, $p = .007$). Low Frequency variables were reduced after 6-week treatment. [LF ($F(1,43) = 2.16$, $p = .036$), nLF ($F(1,43) = 2.31$, $p = .026$)]. And LF/HF ratio has the trend of decrement, although not statistically significant ($F(1,43) = 1.70$, $p = .096$). The change of TP ($r = -.414$, $p = .006$), log_TP ($r = -.375$, $p = .013$), and log_HF ($r = -.339$, $p = .026$) showed significant correlation with symptom improvement. In addition, stepwise regression analysis is performed to find out the HRV parameters most predictable to patients' improvement. The change of TP were most powerful predictor of patient's improvement by indicating 15.8% ($p = .008$).
Conclusions.– After 6-week treatment, HRV analysis showed that sympathetic variables (LF, nLF, and log LF) were significantly reduced, while parasympathetic variable (nHF) were significantly increased. Thus, the results suggest that the improvement of panic symptoms is related with increment of parasympathetic system and decrement of sympathetic system. In addition, these results also suggest that the change of TP were most powerful predictor of the improvement of panic symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0026

The effect of anxiety on dental fear in adult dental patients in Greece

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Background and aims.– The aim of this study was to analyze the effect of anxiety on dental fear in adult dental patients.
Methods.– This is a Descriptive correlational study and its design was Cross – Sectional Study or Time. On a six month research 114 adult dental patients (58 with exacerbation of the clinical picture of periodontal disease and 56 with good dental hygiene) filled in a questionnaire consisted of three parts: a) a form with individual characteristics, b) the MDAS and c) the STAI of Spielberger. The study took place in a private dental office in Larissa (Greece).
Results.– There is a relationship between stress and dental fear. The results from STAI shows that an increase in total anxiety by one unit caused an increase in total dental fear by 0,048 units ($p = 0{,}011$), in transient anxiety by 0,083 ($p = 0{,}011$) while permanent anxiety was not statistically significant.
Conclusions.– Stress and dental fear are interrelated, creating problems for both the health and daily routine of patients. The dental team must be able to understand psychological signs and be in constant co-operation with other health professionals to reduce anxiety and dental fear so as to increase the vital level of patients as well as to promote public health.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Anxiety Disorders and Somatoform Disorders Part III

E-PP0027

A review of neurological soft signs in obsessive compulsive disorder

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Background and aims.– There is a significant amount of research focusing on neurological soft signs (NSS) as an endophenotype of schizophrenia spectrum disorders (SZ) and their importance in bipolar disorder (BD) was discussed, however the research focussed on obsessive compulsive disorder (OCD) has not been thoroughly explored yet. The aim of this presentation is to review the literature existing in the field on NSS in OCD.
Methods.– The PubMed database was searched up to February 2018 using the phrase "neurological soft signs" and "OCD". Only original papers in English, which investigated patients with OCD were selected, resulting in inclusion of 31 studies.
Results.– The vast majority (21 out of 23) of studies comparing patients with the diagnosis of OCD to healthy controls confirmed higher NSS scores in patients, with 2 studies showing no significant difference. Participants with OCD comorbid with psychosis showed increased NSS when compared to those with OCD only, as described by 6 papers. Studies showed similar NSS scores in siblings of patients with OCD and healthy controls. Moreover, patients with OCD with poor insight were shown to have higher NSS scores than those with good insight. Those with OCD and increased left-visuospatial dysfunction were less likely to respond to pharmacological treatment than those without it. The higher levels of NSS were associated with more severe symptomatology and neuropsychological deficits.
Conclusions.– NSS presence is confirmed not only in SZ or BD but also OCD. The literature suggests that increased NSS scores are related to more severe OCD symptoms and neuropsychological dysfunctions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0028

Highly anxious panic patients avoid risk-taking behavior?

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Background and aims.– We aim to experimentally examine how individuals with panic disorder (PD) and healthy controls (HC) show risk-taking behaviors when exposed to negative emotional stimuli.
Methods.– 18 patients with PD and 14 healthy volunteers participated in this study. Participants were exposed to 6 pictures with negative valence which were selected from the IAPS. The pictures were presented for 60 seconds, 10 seconds each to induce negative emotion on the computer screen. Next, participants conducted the Balloon Analogue Risk Task which is a computerized program to measure risk-taking behavior. In the task, a participant pumps the presented balloon up by pushing a keyboard button. Each pump inflates the balloon incrementally and points are accumulated until some uninformed thresholds at which the balloon explodes. We used two variables from the task: the adjusted mean pumps (AMP)

which excludes exploded balloon and the within-subject intertrial variability of pumps at "cash out" divided by AMP (VARAMP).
Results.– Both groups did not show significant differences in BDI, STAI, AMP, and VARAMP. However, correlation analysis revealed reverse relationships in two groups. There were significant negative correlation between SAI and VARAMP in PD ($r = -.590$, $p = .01$) and significant positive correlation in HC ($r = .726$, $p < .01$); significant negative correlation between TAI and VARAMP in PD ($r = -.529$, $p < .05$) and significant positive correlation in HC ($r = .561$, $p < .05$).
Conclusions.– The present study suggests different modulating functions of anxiety for risk-taking behaviors in panic disorder and healthy control. That is, high state anxiety in patients with panic disorder may increase self-control over risk-taking behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0029

Neural correlates of thought-action fusion using a conventional thought-action fusion task in healthy adults

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Background and aims.– Thought-action fusion (TAF) is a general cognitive tendency of people to believe that a thought is like an action which are thought to contribute to develop obsessional phenomena. However, there has been only a few studies demonstrating TAF associated neural mechanism. This fMRI study aimed to investigate the hemodynamic responses of TAF evoked by a conventional TAF paradigm and their relationships with psychological measures.
Methods.– Thirty-two healthy male participants were recruited for this study. During the image acquisition, participants were asked to judge how badly they felt to negative sentences like "I hope that _____ will be in a terrible car accident" with the name of a close ore neutral person (CP or NP condition). A functional image data were obtained the 3.0T GE 750W scanner with 24ch head coil. The SPM8 was used in fMRI data image processing and statistical analyses.
Results.– Participants felt more uncomfortable and completed evaluation more quickly to the negative sentences with close persons than those with neutral persons. Common activations in both conditions were observed in bilateral lingual gyri, left middle and inferior frontal gyrus, superior medial frontal gyrus, precuneus and bilateral caudate nuclei (Figure 1) while no statistically significant difference was found between the CP and NP condition. Further, activities in these regions generally showed positive correlations with baseline total and dimension scores of obsessive-compulsive symptoms.
Conclusions.– Here, we demonstrated neural correlates of TAF and verified these findings based on previous studies related with imagery, mentalizing, empathy for social pain, guilt, emotion regulation and salience network.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0031

Do we have to worry about mental and physical health of our residents?

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Background and aims.– A recent update has indicated a high association between work stress and the debut of metabolic syndrome, cardiovascular diseases and burnout syndrome (Navinés et al.,2016). Residents in training are a particularly vulnerable group (Chaukos et al., 2017).
To evaluate changes in physiological, biochemical parameters, and emotional distress, perceived stress, and burnout scores after the first year of the residency training program.
Methods.– *Design*: A prospective cohort study, 12 months follow-up, with evaluation in two points (baseline and 12 m). *Subjects:* First year trainees who gave the informed consent. The study was approved by the ERC. *Setting:* General Hospital. *Assessment:* Socio-demographic, physiological (BMI, blood pressure); *biochemical*: glycemia, cholesterol, triglycerides; *clinical*: medical history, GHQ-28, Perceived stress scale (PSS) and Maslach Burnout Inventory (MBI).
Results.– *Participants:* We selected 69 trainees (75%), and 57(62%) were included, with a mean (SD) age:25.5(3.2) years old. Seventy percent were doing a medical speciality, and 24% had a history of anxiety/depression. *At baseline:* We only observed some degree of perceived stress. At *12-months:* a) Increase of diastolic pressure 78.3(6.6)/72(8.4); $p = 0.000$), BMI:21.9(2.8)/22 (3); $p = 0.006$), and triglycerides: 86 (51)/71 (29); $p = 0.070$). b) 22% met metabolic syndrome criteria; c) 20% had emotional distress and burnout syndrome; d) 20% showed higher emotional exhaustation: 12.2 (8.4)/8.9 (7.8); $p = 0.047$) and depersonalization scores: 3.7 (4.3)/2 (2.5); $p = 0.017$), and a decrease of personal accomplishment scores: 39(7.7)/42(4.7); $p = 0.034$).
Conclusions.– After the first year of the residency training program it was observed a significant increment in the frequency of metabolic syndrome together with higher perceived stress and burnout scores.
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E-PP0032

Somatic symptoms and the presence of suicidal ideation in patients with neurotic, behavioral or personality disorders

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Background and aims.– Somatic symptoms are common for anxiety and personality disorders which are predictors of suicidal

ideation. The aim of the current study was to evaluate the relationship between suicidal ideation and somatic symptoms declared by patients with neurotic, behavioral or personality disorders.
Methods.– KO "O" Symptom Checklist and Life Inventory completed by a group of 680 patients treated for the first time at the daily psychotherapeutic ward between 2005 and 2013.
Results.– There were statistically significant positive correlations between suicidal ideation and severity of somatic symptoms assessed with a collective subscale of KO "O" Symptom Checklist ($p < 0.001$), as well as with some particular somatic symptoms, such as loss of appetite ($p < 0.001$) and hunger pangs ($p < 0.001$) in men and hunger pangs ($p < 0.001$) and fainting ($p < 0.001$) in women.
Conclusions.– The obtained results allow to conclude that in patients with neurotic, behavioral and personality disorders suicidal ideation significantly relate to certain somatic symptoms, particularly with gastrointestinal symptoms and those occurring in eating disorders. Further research is necessary to determine the direction of causal relationships between these symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0033

Validity and reliability of the perinatal anxiety screening scale in a portuguese sample of pregnant women

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Background and aims.– Although distinguishing normal and pathologic anxiety is particularly difficult in the perinatal period, anxiety disorders affect approximately 10% of the women in this period. The evidence that perinatal anxiety leads to negative outcomes for family as a whole highlights the need for its early identification. To our knowledge there is only one instrument which items take into account this specific period, the Perinatal Anxiety Screening Scale (PASS; Somerville et al., 2014).
Objectives.– To study the psychometric properties of the PASS Portuguese version, in pregnancy: factor structure using confirmatory factor analysis (CFA), internal consistency and correlations pattern with other psychological distress constructs.
Methods.– 350 women (Mean age: 32.18 ± 5.246) in the second trimester of pregnancy (Mean weeks of gestation = 17.13 ± 4.929) completed the PASS, the Perinatal Depression Screening Scale (PDSS-24) and the Profile of Mood States (POMS-27). SPSS and AMOS software were used.
Results.– After deleting two items (1 and 2) and some errors were correlated, CFA indicated a good fit for the second-order factor ($X^2/df = 2.302$; $CFI = 0.913$; $GFI = 0.864$, $RMSEA = 0.061$; $p[rmsea \leq 0.01] < 0.001$). The Cronbach alpha for the PASS 29 items version was $\alpha = 0.937$, and for the four dimensions, the alphas were all $\alpha > 0.790$. PASS total and dimensional scores were moderately to highly correlated with perinatal depressive symptoms and with both negative affect dimensions (Depression, Anxiety).
Conclusions.– The PASS Portuguese version has good construct and convergent validity and reliability. In the near future we will determine the PASS cut-offs with the best combination of sensitivity and specificity to screen for anxiety disorders in pregnancy and postpartum.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0034

The risk factors for dementia and affective disorders in middle-aged people with metabolic syndrome

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Background and aims.– Metabolic syndrome (MS) is associated with an increased risk of developing dementia and affective disorders. Also the endocannabinoid system has been involved in the regulation of anxiety. We examined the associations of components of MS with mild cognitive impairment (MCI), and anandamide (AEA), 2-arachidonoylglycerol (2-AG), with anxiety (A) in middle age subjects.
Methods.– The data collected from 271 patients with MS (aged 30–60 years) in Federal Research Program of Cardiovascular Diseases Risks,have been analyzed. Current MCI was confirmed according to the criteria of ICD-10. Patients passed through: MMSE test, Wechsler memory scale, Hospital Anxiety and Depression scale (HADS). lipid spectrum testing completed with «Abbott» kits. To assess the results the NCEP criteria were used. Level of endocannabinoids was determined by chromatography-mass spectrometry.
Results.– 271 subject were divided into 2 groups, group A – with A and MCI (212 subjects) and the group B -without A (49 subjects). Using the Mann-Whitney test significantly strong connection between high levels of total cholesterol,cholesterol low density lipoprotein LDL-C, lipoproteins of very low density (VLDL) and MCI in group A were obtained. Optional subjects with sings of MS and MCI had a fairly high level of VLDL and LDL-C in comparison with subjects without MCI. Level of 2-AG significantly different in anxious patients with MS.
Conclusions.– There is link between MCI and components of MS, Increasing in the level of LDL and VLDL can provoke MCI in middleage subjects with MS. MS activates ECS that triggers the development of cognitive impairment and anxiety
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0037

Affective disorders in patient with supraventricular arrhythmia

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Background and aims.– Anxiety and depression are associated with adverse cardiac events, including arrhythmia. Co-existance of heart problems with mood and anxiety disorders creates the vicious circle of activation of autonomic nervous system, somatic symptoms and unpleased emotions, on which patients focus their attention. Due to this process emotional arousal may influence electrostability of the heart.

To describe the features of mood disorders in patients with supraventricular arrhythmia and to analyse how the complex therapy (heart and psychiatric medications) may effect on such group of sufferers.
Methods.– The following methods were used during the 6 months of the study: Hamilton depression and anxiety scales, Symptom Checklist-90 (SCL-90), Visual analog scale of arrhythmia (VASa) and ECG, Holter monitor tracing.
Results.– The study involved 23 patients with supraventricular arrhythmia. The following mental states were revealed: depressive episode in 5 (21,8%), generalized anxiety disorder in 12 (52,2%) and organic mood disorder in 3 (13,0%) sufferers. VASa showed significantly higher scores in patients with severe anxiety ($p = 0{,}002$). Holter monitor tracing found out the correlation between anxiety and supraventricular arrhythmia in most cases (53,6% and 22,2%, $p = 0{,}017$). After 6 month of therapy the group of patients with mood disturbances who declined antidepressants have had a poorer outcome based on Holter and VASa data ($p = 0{,}036$).
Conclusions.– The presence of affective disorders in patient with supraventricular arrhythmia is associated with more severe cardiological symptoms. The antidepressant treatment showed efficacy for mood symptoms and improve cardiological status. This data can be used to improve the quality of medical care for patients with supraventricular arrhythmia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0039

Mood disorders and quality of life in patients with multiple sclerosis

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Background and aims.– Multiple sclerosis (MS) is a chronic, unpredictable disease responsible for the occurrence of a variety of neurological symptoms.
The aim of the study was to evaluate the impact of mood disorders on quality of life in patients with multiple sclerosis treated with immunomodulating drugs.
Methods.– The study was conducted among 226 MS patients of the mean age 37.32 ± 9.67. In the study, standardized questionnaires were used: the Beck Depression Inventory (BDI), the modified Hospital Anxiety and Depression Scale (HADS–M) and the MusiQol - International questionnaire investigating quality of life in multiple sclerosis. The results were analyzed statistically.
Results.– Anxiety was diagnosed in 51 patients (23%), depression in 13 patients (6%) and irritability and aggression in 117 patients (52%) by HADS - M. The overall score of quality of life measured by MusiQoL was 55.5 ± 12.1 points on a hundred-point scale. Simple linear regression analysis model showed the effect of anxiety and depression symptoms on the quality of life. These variables have been confirmed in a multiple linear regression model.
Conclusions.– Mood disorders such as anxiety and depression have a significant negative impact on quality of life in MS patients treated with immunomodulating drugs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0041

Substance use disorders comorbidity in a sample of patients with panic disorder and agoraphobia

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Background and aims.– Anxiety disorders and substance use disorders have a high degree of overlap, and various hypotheses including shared genetic factors, compensation of anxiety through substance use, or worsening of anxiety by substance use are investigated. Important consequences of neglecting cases of dual diagnosis may appear, both at somatic and psychological level, with functional and quality of life negative impact. The objective was to investigate the occurrence of substance use disorders in outpatients patients diagnosed with panic disorder and agoraphobia.
Methods.– All consecutive examined patients in our department during 6 months, who did not require hospitalization and presented a diagnosis of panic disorder and agoraphobia, according to the DSM 5 criteria, were screened for substance use disorder. We applied Panic and Agoraphobia Scale- clinician rated version (PAS) and Inventory for Drug Taking Situations (IDTS) in each patient who was examined.
Results.– A total number of 63 patients diagnosed with panic disorder and agoraphobia were investigated and 46% presented at least one substance use disorder. The mean score of PAS in these patients with dual diagnosis was higher than in patients who had only one diagnosis for dimensions "panic attacks", "agoraphobic avoidance", and "disability" ($p < 0.01$). The most frequently abused substances were alcohol (69%), benzodiazepines (55.1%), and opioids (20.7%). A percentage of 65.5 had one substance use disorder, while 20.7% abuse two substances, and 13.8% abused at least three distinct substances.
Conclusions.– Patients with panic disorder and agoraphobia should be screened for substance use disorders, because of the high degree of overlap between these two pathologies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0042

Maladaptive interpretation for physical symptoms and dysfunctional stress coping in patients with generalized anxiety disorder

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Background and aims.– Generalized anxiety disorder (GAD) patients have various physical symptoms which are affected by sensitivity for bodily sensation and interpretation pattern for somatic symptom. And, they have stressful life events during the illness. The aim of this study was to investigate the cognitive characteristics of physical symptom perception and stress coping strategies in GAD patients.
Methods.– 55 GAD patients and 55 normal controls were recruited. We evaluated the subjects using Somato-Sensory Amplification Scale (SSAS), Symptom Interpretation Questionnaire (SIQ), the Way of Stress Coping Questionnaire (SCQ), and the GAD-7 scales. We analyzed the data using an independent t-test and Pearson's correlation analysis ($p < 0.05$).
Results.– GAD patients had significantly greater amplification of bodily sensation in SSAS (41.95 ± 11.29 vs 22.64 ± 7.17, $p < 0.005$), higher score in physical interpretation (37.55 ± 9.47

vs 36.96 ± 8.97, $p < 0.05$) and psychological interpretation (26.85 ± 7.20 vs 25.33 ± 6.19, $p < 0.05$), and lower score in environmental interpretation (21.33 ± 7.51 vs 27.36 ± 6.91, $p < 0.05$) of SIQ than normal controls. In terms of SCQ, GAD patients presented significantly lower scores on seeking social support (16.13 ± 4.44 vs 18.69 ± 2.65, $p < 0.01$) and higher scores on wishful thinking (21.27 ± 4.25 vs 20.56 ± 2.90, $p < 0.05$) than normal controls. GAD-7 scores were positively correlated with physical interpretation scores on SIQ ($p < 0.001$).
Conclusions.– GAD patients have greater amplification of bodily sensation, maladaptive interpretation of somatic symptoms, and dysfunctional stress coping. These results give a theoretical basis on necessity for interoceptive exposure to bodily sensation, cognitive therapy of maladaptive interpretation, and stress management program in the treatments of GAD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0043

Neural correlates of the influence of emotion on memory process in patients with generalized anxiety disorder

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Background and aims.– Despite growing recognition of the importance of emotion regulation deficit in generalized anxiety disorder (GAD), few studies have assessed neural mechanisms of the effects of emotion on cognition. We evaluated the effects of emotional and non-emotional distractors on working memory maintenance in GAD patient using fMRI with face recognition task.
Methods.– 14 GAD patients (mean age = 36.5 ± 11.6 years) and 16 healthy controls (mean age = 36.1 ± 7.8 years) underwent fMRI during a face recognition task with non-emotional distractors (novel face pictures) and emotional distractors (anxiety-provoking pictures). The paradigm consisted of trials with the sequence "encoding - maintenance - distractor - retrieval". In the retrieval task, participants were presented either the previously encoded face or a new face, asked whether they recognize the face. Brain activation maps were compared between groups and between each distractor condition.
Results.– For non-emotional distractors, the groups showed no significant differences in face recognition task accuracy, and both groups showed significant activation of ventromedial prefrontal cortex (VMPFC), ventrolateral prefrontal cortex, dorsolateral prefrontal cortex (DLPFC), superior and inferior parietal gyrus, anterior cingulated gyrus, fusiform gyrus (all $p < 0.005$). For emotional distractors, accuracy was lower in GAD patients than healthy controls ($61.1 \pm 16.5\%$ and $64.7 \pm 9.9\%$, respectively, $p < 0.05$), and GAD patients showed significantly increased activation in brain areas of VMPFC, DLPFC, parahippocampal gyrus, and amygdala, compared with healthy controls ($p < 0.005$).
Conclusions.– Working memory maintenance of GAD patients was significantly impaired by emotional distractors. Particular activation of parahippocampal gyrus and amygdale may be related with this impairment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Bipolar Disorders - Part II / Substance related and Addictive disorders - Part II

E-PP0044

Excessive water ingestion - why should psychiatrists be alert

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Background and aims.– Psychogenic polydipsia (PP) which is characterized by excessive water drinking without physiologic stimuli has been reported in 6–20% of psychiatry patients with the diagnosis of schizophrenia, bipolar disorder, mental retardation, alcohol dependence, eating disorders and organic mental disorder. The illness develops in three phases, beginning with polydipsia and polyuria, followed by hyponatremia and finally water intoxication, which may be fatal. The differential diagnoses of PP are central and nephrogenic diabetes insipidus (DI). While PP is primarily characterized by increased fluid intake, DI is determined by polyuria due to impaired AVP secretion (central DI) or AVP resistance in the kidneys (nephrogenic DI). Between 10–20% patients treated with lithium develop nephrogenic DI.
The authors present a case report of polydipsia in a patient with type 1 bipolar disorder treated with lithium.
Methods.– Clinical process consultation and Pubmed search were performed using the search key words *polydipsia, bipolar disorder and lithium*.
Results.– This case report highlights the association between PP and other psychiatric conditions, as well as the importance of a correct differential diagnosis for the clinical and therapeutic approach. The pathogenesis appears to be complex and remains largely unknown, but multiple mechanisms like hypersensitivity to vasopressin, a defect in osmoregulation, stimulation of thirst centers by dopamine levels and changes in feedback regulation of hypothalamic-pituitary axis are proposed.
Conclusions.– Psychiatrists should be aware of this clinical condition. More studies should be conducted, aiming for the clarification of the etiopathogenesis of this phenomenon.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0046

Lipids, cholesterol and suicide risk in a Romanian bipolar population

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Background and aims.– Suicide is one of the most important cause of death in subjects with bipolar disorder (BD) (1). A meta-analysis suggests that suicidal pacients had significantly lower total cholesterol, low-density lipoprotein cholesterol (LDL-C) and triglycerides serum levels compared with nonsuicidal (2) while another study focused on suicidal bipolar pacients found no differences (3). Our study's aim is to determine whether plasma lipid levels are associated with a history of serious suicide attempts in bipolar patients.
Methods.– This study included 75 patients between 18 and 65 years old with a documented diagnosis of bipolar I disorder. The Romanian version of the Columbia Suicide Severity Rating Scale was used for assessing suicidal ideation and behaviour. The statistical analysis was performed using IBM SPSS 20. Continuous

normally distributed data was analysed with t-test. Continuous non-normally distributed data was analysed with Mann-Whitney test. Statistically significant alpha value was set at .05.
Results.– The number of patients with lifetime suicide attempts in our cohort was 24 (34.3%) and 11 (15.7%) needed medical hospitalization, representing the "severe suicide attempts" group. The 46 (65.7%) bipolar patients that never had a suicide attempt were compared with the severe suicide attempters. LDL-C was statisticaly significant increased in the "severe suicide attempt" group compared to non-suicidal patients (148.2 mg/dl compared to 121.6 mg/dl, $p = 0.031$, U = 1249, Z = −1.719).
Conclusions.– Our study showed a positive association between LDL-cholesterol and severe suicide attempts in bipolar patients. More research is needed to clarify the link between lipid metabolism and suicide risk and to discover putative biomarkers for suicide in bipolar disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0047

Gender differences in bipolar disorder: a history of cannabis use is associated with worse quality of life in women

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Background and aims.– Cannabis use is widely extended in the worldwide. Epidemiologic studies have shown a high prevalence of cannabis use among patients with bipolar disorder (BD), finding rates among 36% to 46%. Cannabis use seems to be related with a worse course and a poorer Quality of Life (QoL) in BD patients. Despite evidence of some differences among cannabis users between men and women in general population and depressive patients, no studies have been found in BD patients.
Objective.– to investigate differences between men and women in clinical characteristics, cognition, functioning, and QoL among BD patients, according to their history of cannabis use.
Methods.– Secondary analysis of a cross-sectional, naturalistic, multicenter study. 224 Spanish BD outpatients. Lifetime Cannabis Use (LCU):any use of cannabis during at least 6 months throughout patient life. Assessment: demographic and clinical information; psychopathology: HDRS, YMRS, HARS, CSFQ, CGI; cognition: SCIP; functioning: FAST, EEAG; QoL: SF-36. Statistical analysis: Chi square, t-student, and hierarchical multiple regression.
Results.– Mean age 47.28; 65.3% females; 71.3%; Bipolar-I. Statistical significant differences ($p < 0.05$) between LCU and never cannabis use were found for age in men, and for age, marital status, sexual functioning, financial functioning, and QoL (bodily pain, vitality, social functioning, emotional role, mental health, and mental summary component) in women. After controlling by confounders, significant models were obtained for emotional role ($R^2 = 0.052$), and mental health ($R^2 = 0.081$) dimensions in women. In both models, the variables retained were cannabis use, and financial functioning.
Conclusions.– A lifetime history of cannabis use and financial functioning were associated with worse self-reported emotional role and mental health quality of life among women with bipolar disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0049

Symptoms and clinical course of inpatients with unipolar versus bipolar depression

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Background and aims.– Many studies investigated differences in symptom profile and outcome between major depressive disorder (MDD) and bipolar depression (BD). However, studies with short-interval assessments in real-life inpatients settings are scarce. Our aim was to study the differences in baseline symptom profile and time to reach response and remission during hospitalization in a naturalistic sample of depressed inpatients (MDD versus BD).
Methods.– A cohort of 276 inpatients with DSM-IV MDD ($n = 224$) or BD ($n = 52$) was followed during their hospitalization period using routine outcome measurements (ROM) which included a structured diagnostic interview at baseline (Mini-International Neuropsychiatric Interview; MINI plus) and repeated Hamilton Depression Rating Scale-17) every two weeks. MDD and BD were compared regarding their symptom profiles and time to response and remission of the depressive episode during the time of hospitalization. Furthermore, the concordance between MINI-Plus and clinical diagnoses was analyzed.
Results.– Patients were on average 49,4 years old and 64,6% were female. Those with MDD and BD did not differ significantly in sociodemographic characteristics. MDD versus bipolar depression increases the chance of response during the first month, but bipolar depression confers long-term benefit on the chance of symptom response. We found an overall acceptable agreement (median efficiency of 89.,5, median AUC of 0.83) between MINI and clinical diagnosis of BD.
Conclusions.– Unipolar depressed patients showed an initial (<4 weeks) faster rate of response, but subsequently bipolar depressed patients showed a stronger rate of response. Remission rates were also stronger in BD than in MDD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0053

Tendency for extreme opinions in adolescents involved in drug use: developing of diagnostic scale

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Background and aims.– "Black-and-white" thinking and "jumping to conclusions" are considered as a cognitive strategies related to a wide range of mental pathology including additions. Impulsivity and self-regulatory difficulties found in adolescents with drug dependence (Shim et al., 2013, Verdejo-Garcia et al., 2007) support this hypothesis. The aim was to reveal items with bimodal

distribution of frequencies in drug users comparing to controls and construct a Tendency for Extreme Opinions Scale.
Methods.– 637 pupils of the upper grades of general education schools from 12 subjects of the Russian Federation and 108 patients of the Narcology Center 12–19 years old filled Inventory of Psychological Risk Factors For Drug Use in Adolescents.
Results.– We revealed 7 items (with various content) having bimodal distribution only in the clinical group ($p < .05$). Cronbach's α was .63 that is acceptable for research purposes. The scale was not reliable in controls indicating that there is a specific clinical phenomenon. Tendency for extreme opinion is higher in adolescents involved in drug use ($F = 13.25$, $p < .01$, $\eta^2 = .04$) and related to self-regulatory difficulties – unwillingness to make plans for future and consider alternatives ($r = -.21$, $p < .05$).
Conclusions.– Results support the tendency for extreme opinion in adolescents using drugs comparing to controls. Further research could clarify what kind of content provoke extreme replies in clinical sample. Research is supported by the Russian Foundation for Basic Research, project No. 17-06-00271.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0054

An analysis of alcohol due hospital admissions in december 2017

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Background and aims.– Annually, there is a dynamic related to the number of admissions and resources allocated to these disorders. It is believed that alcohol consumption increases in free weekdays and holidays.
In this paper we will investigate whether there is a correlation between the number of admissions due to alcohol related disorders and the end of the week and the winter holidays, in December.
Methods.– The ICD-10 criteria were applied to patients admitted in December 2017 to the Psychiatric Hospital. The study performed was a retrospective analysis with 257 participants.
Results.– In the last week of the month that corresponds to the end of the year there is an increase in intoxication from an average of 33 admissions / week (24.48%) to 66 (40%), while the withdrawals remain at the same level, 19 admissions / week (22–30%). Although the number of week-end intoxication accounts for an average of 30% (maximum 35.30% in the first week - 27.30% minimum in the last week), there is no increased positive correlation with the end of the month celebrations. Concerning the withdrawal due weekend admissions, the average is between (26.66% - 23.80%) with the lowest in the last week (16.66%). The smallest number of admissions is recorded on Tuesdays and Wednesdays.
Conclusions.– Although there is a significant increase in the number of admissions due to acute intoxication in the last week, there is no direct correlation between end-of-week days and an increase in the number of total admissions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0055

Abuse of ethyl chloride in sexual context. Un uncommon drug associated with chemsex? a case report and review

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Background and aims.– Ethyl chloride is an aerosol spray used for local anesthesia, that can be used as an inhalant of abuse. It has a depressant effect on central nervous system, and act as well enhancing sexual pleasure. The intentional use of drugs before or during sexual intercourse (chemsex) is a phenomenon of special importance in the MSM (men who have sex with men) population due to its impact on health.
Methods.– We report the case of a patient with multiple drugs abuse, including ethyl chloride abuse, in order to review the evidence about the mechansims of action of this drug, its efects on sexual pleasure, toxicity, patterns of abuse and health related consequences it may present.
Results.– To our knowledge, this is the first case published of a patient using ethyl chloride as a substance in chemsex practice. As the patient presented in our emergency with ataxia, dysarthria and tremor, he was diagnosed with "encephalopathy by ethyl chloride" and was admitted to the internal medicine ward. Neurologic toxicity, mental health problems and even deaths have been previously reported in acute and chronic abuse of this substance.
Conclusions.– Inhalant abuse is common and it can be difficult to detect. Due to its action enhancing sexual pleasure and its high availability, use and abuse of ethyl chloride should be considered when treating patients with chemsex practices, especially when presenting with neurological symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0056

Treatment of GHB/GBL withdrawal delirium: a case report

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Background and aims.– Gamma-hydroxybutyrate (GHB) and its precursor gamma-butyrolactone (GBL) are popular drugs of abuse used for their euphoric, (potential) anabolic, sedative, and amnestic properties. Daily use of GHB/GBL can lead to addiction and the possibility of withdrawal syndrome on cessation which results in tremor, tachycardia, insomnia, anxiety, hypertension, delirium, coma. It is also recommended that all addicted users of GHB/GBL are advised not to stop use abruptly or to attempt self-detoxification. Medical assistance should be sought.
Methods.– We will present inpatient medically assisted detoxification of 30 years old patient addicted to GHB/GBL.
Results.– He reported use of 30 ml of GBL and 0.5 to 1 g of cocaine daily. Withdrawal symptoms appeared 2 hours after the last dose of GBL, and consisted of diaphoresis, tremors, tachycardia, hypertension and later delirium with disorientation to time, place and person, poor attention and agitation. Symptoms were successfully managed with clomethiazole, propranolol and risperidone. We observed resistance to benzodiazepines and quetiapine what was the first-line treatment. After 3 days symptoms of delirium disappeared.
Conclusions.– After sudden cessation or reduction of intensive GHB/GBL use, a severe withdrawal syndrome may occur with

symptoms varying from tremor, anxiety and agitation to autonomic instability, hallucinations and delirium. In described case, first-line treatment with benzodiazepines was less effective, necessitating the use of other sedative agent with supportive care and additional symptomatic therapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0057

Management of Zolpidem withdrawal- the review of published treatment regimens

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Background and aims.– Zolpidem is one of the most frequently prescribed medications for insomnia. Many patients continue to take it for a long time and in doses higher than recommended. Zolpidem abuse often leads to dependence as it loses its selectivity for the GABA-α1 subunit in higher doses and when used chronically. Clinical symptoms associated with Zolpidem misuse, observed in some patients, include euphoria, emotional lability or psychotic symptoms, agitation and disorientation. These effects can be attributed not only to the influence of the drug on GABA -A subunits, but also to the modulation of other receptor pathways, particularly dopaminergic pathways.
Methods.– Data on Zolpidem withdrawal therapy is based primarily on individual case reports and case series.
Results.– Substitution with Diazepam, Clorazepate or Clonazepam has been a core feature of the treatments in the published reports. However, therapy with an antiepileptic medication (Valproate, Pregabaline or Gabapentine) is described in some instances. Flumazenil was also used, either as monotherapy or in conjunction with Valproate.
Conclusions.– Thus far these programmes have had moderate short success rates. Conversely, in the long-term many patients returned to Zolpidem use.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Bipolar Disorders - Part III

E-PP0058

Evaluation of school educators' knowledge on hygiene and trauma prevention of students with autism spectrum disorder (ASD) in Greece

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Background and aims.– Students with autism spectrum disorder (ASD) in Greece follow educational programs both in regular and special schools either for ASD alone or together with children with different psychical morbidities. ASD students demonstrate hygiene and trauma particularities, while related variations are found in the educational system and the community.
The aim of the present study was to evaluate the school educators' knowledge on hygiene and trauma prevention in students with ASD. To estimate the associated influence of factors such as specialty, training, experience, school type and location, student population.
Methods.– A digital questionnaire of 31 questions was distributed to educators throughout the country. The questions regarded demographics, work position details, experience with ASD students, educational skills on hygiene and trauma prevention of these students, their attitude on educational and community infrastructure adequacy, and their beliefs on the solutions that would augment their sufficiency. Statistical analysis was performed, to identify the major factors that affected their level of knowledge.
Results.– A cohort of 547 educators participated to the survey. The majority of respondents worked in urban (74%) elementary (76%) regular (94%) schools, and had already some experience with ASD students (61%). Discrepancy was found among them on education and prevention knowledge, especially in earthquake and fire management. School-type, specialty and training affected their knowledge ($P < 0.05$), in contrast to school location or ASD students presence.
Conclusions.– Educators often deal with ASD students. They do not feel confident of their skills or the infrastructure that protects these students. They express the need of training programs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0059

Psychopathology in children of mothers with borderline personality disorder

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Background and aims.– Children of mothers with borderline personality disorder (BPD) are at greater risk to develop child behavior problems and psychopathology, including BPD in the future. Mothers with BPD tend to show increased hostility during mother-child interaction and may have difficulties with bonding, affect attunement and attachment. Their limited ability to negotiate a secure attachment with their babies, associated with reduced maternal emotional availability might play a critical role in transmitting maternal psychopathology on the child. The purpose of this work is to describe the state of art of medical literature about psychopathology in infants of mothers with borderline personality disorder.
Methods.– The authors revised the published literature about this topic, selecting the relevant articles with the topic words: "borderline personality disorder", "motherhood/mother" and "children psychopatology" in scientific date base.
Results.– The studies included children within all ages (since newborns until adolescence) and all revealed congruent and complementary findings in the presence of psychopatology in the children of BPD mothers. Infants of BPD mothers express less positive vocalizations and less nonautonomic self-regulation than infants of mothers with no psychopathology. There was also an association of maladaptive mother-child interactions and BPD symptoms, such as impulsivity, dissociation and affective/behavioral dysregulation.
Conclusions.– There is a need for the creation of training programs for BPD mothers and their children that cover all stages of development, from early life to adulthood.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0062

It's complicated – technology, mental health and family dynamics – changes and impact on clinical practise. Is there a paradigm shift? clinical psychologist's personal view

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Background and aims.– In the presentation the author reviews the literature and personal clinical experience in day to day practise and changes in symptomatology, diagnosis and treatment of children and adolescents in an outpatient setting.
Methods.– In light of well recognised psychological phenomena associated with or affected by emerging technology, the author summarises clinical experience in relation to the mutual interaction between the human mind and behaviour, and digital technology.
Results.– Explored are the effects of virtual reality, online identity, online relationships, personality types in cyberspace, gaming addiction, aggression in cyberspace online gender switching and negative effects of digital technology such as low self-esteem, depression, low life satisfaction, depression social isolation, ostracism, bullying and sleep deprivation.
Conclusions.– The author concludes that while there are many positive sides to digital technology and positive effects on human functioning, there are major psychopathological effects stemming from its inappropriate use. The changes require a different clinical approach and may instigate a paradigm shift in the understanding and treatment of various child and adolescent psychological disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0063

Green hair in psychiatry – a case report

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Background and aims.– The green hair is a rare dermatological condition that usually is caused by copper accumulation in the hair from exogenic sources. We present a case of two sisters (skin phototype 2 with blond hair), 6 and 8 years old.
Methods.– They have been on a holiday abroad and for 10 days they have been swimming in a pool. Before the trip they straighten their hairs with a hair straightener for a first time. The hair of the two girls was with a green discoloration.
Such pigmentation of the hair affects patients with blond hair that have been exposed to water containing an excess amount of copper ions. Increased content of copper in the water is a premise for damaged hair to turn green. Hair can be damaged mechanically, from the sun, by coloring it, by curling it, by straightening it, often use of chlorine water on it or use of alkaline shampoos.
Results.– After this stressful event the younger sister changed her behavior – crying all the time, wants to cut shortly her hair, has nightmares, no appetite. This was the reason for parents to search a psychiatric help. The child and the parents visited a psychotherapist for a month and now she almost forgot the green hair.
Conclusions.– Any change in appearance in children, although for adults to look insignificant, can lead to problems in the mental development of children.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0064

Interpersonal reactivity index adolescents version: factor structure and psychometric properties

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Background and aims.– Empathy can be defined as one's ability to understand and share the feelings of another. It is a multi-faceted construct and the Interpersonal Reactivity Index (IRI) is a widely used tool for its assessment. An IRI Portuguese version for adults is already available revealing good psychometric properties.
Objectives.– Adapt the IRI for adolescents and explore its factor structure and psychometric characteristics. Study the association between the IRI and other types of positive affect and psychopathological symptomatology.
Methods.– A sample of 201 adolescents, 82 boys and 119 girls, with ages between 11 and 18 years old, attending the 7th to 12th years of schooling completed the following self-report instruments: The IRI, the Depression, Anxiety and Stress Scales (DASS-21), and the Types of Positive Affect Scale (TPAS).
Results.– The IRI adolescents' version showed a four factor structure: Personal Distress ($\alpha = .67$), Fantasy ($\alpha = .81$), Perspective Taking ($\alpha = .77$), and Empathic Concern ($\alpha = .54$). Gender differences were found, with girls showing higher scores in all dimensions. Age showed a weak positive association only with the Perspective Taking dimension. The Personal Distress dimension was positively associated with anxiety, depression and stress symptoms, showing no association with the types of positive affect. The Perspective Taking, Fantasy and Empathic Concern revealed low positive associations with positive affects and negative effects with depressive symptoms.
Conclusions.– This study allowed the availability of a reliable and useful self-report instrument for the assessment of empathy in adolescents, which can be used in clinical, educational and research contexts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0066

Anorexia nervosa (AN) in adolescent diagnosed with autism spectrum disorder (ASD): case report

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Background and aims.– The aim of this case is to show the relationship of AN and ASD.
Methods.– 15 years old women who is in psychiatric follow- up for two years after her mother's admission for psychotic episode. Fluoxetine 40 mg was given 3 months ago due to sadness and restrictive behaviors. She had normal development, and used cultured language since childhood. During infancy she never had symbolic game. She has excellent academic performance. She describes herself as a very rigid personality, who has troubles understanding irony and some social behavior. She barely had

friends, referring that having them was a waste of time. She was very passionate about literature and science. She dressed with childish clothes.
The patient described jealousy of her younger sister. She referred that she reduced the food intake to stop growing up and to "have thinner ankles". Thus she starts a psychotherapy treatment expressing difficulties to understand what the psychologist meant because of her excess of literal thought.
Results.– There is a relationship between ASD and AN (20–25%). This is due to high sensitivity to textures in these patients, to limited food preferences or motor disease (severe cases). Besides we highlight the inflexible thinking which worse the prognosis of the AN being ASD a chronicity factor in AN. There are limitations in psychotherapy, knowing that the most behavioral techniques have better response especially the Applied Behavior analysis.
Conclusions.– In ASD is essential to adapt the therapy to their way of thinking, especially in cases of rigid thinking pathologies such as anorexia nervosa.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Bipolar Disorders - Part IV / Sleep Disorders & Stress / Substance related and Addictive disorders - Part III

E-PP0070

Addiction in bipolar disorder: risk factors in a cohort of 220 patients

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Background and aims.– Comorbidity is particularly high in patients with bipolar disorder BD. Addiction is higher in bipolar patients than in the general population and estimated to range from 25 to 60%.
Objectives.– We wanted to investigate risk factors for addiction in bipolar disorder (BD) patients.
Methods.– We undertook a retrospective study including a sample of BD type I (DSM IV -TR) out-patients. The inclusion criteria were:hospitalization between January 1 2000 and December 31 2015 and at least two years' follow.
We examined factors putatively associated with addiction in bipolar patients. Factors were subcategorized into: sociodemographic, clinical features and commorbidities.
Results.– A total of 220 adult bipolar out-patients were recruited. The mean age was 34.9 years and 60% were male. Addictive behavior was about 70%,it was higher in men (80% vs 25%). Alcohol use disorder was about 65% and substance use disorder was 60%. The substance users was characterized by low socio-economic status. They have a worse global functioning with 80% of unemployment. Childhood trauma ($p < 0.02$) were frequently noted in the substance users. The family history of a psychiatric disorder ($p < 0.04$) and family/personal history of suicide attempts ($p = 0.03$) were significantly associated to addictive behavior in the two genders. The early onset of BD and the high number of depressive episodes were significantly associated to the substance use disorder ($p = 0.02$). Comorbid personality disorder was a predictor of addiction in men ($p = 0.038$), while anxiety disorder predicted addiction in women ($p = 0.04$). In both genders somatic disorder did not predict addiction.
Conclusions.– Our study confirms the strong associations between addiction and bipolar disorder,indicating a need for more studies to develop better therapeutic interventions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0071

Can lithium salts, in real life, prevent depressive-mixed episodes? data from a long prospective follow-up

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Background and aims.– Lithium salts continue being the most important treatment of bipolar disorder (BD). A major problem to achieve its effect is to achieve treatment adherence, because reduced adherence is associated with bigger morbidity. Depressive symptoms in bipolar patients are the most common and difficult-to-treat ones. The effect of lithium on manic and hypomanic episodes is well established but its effect on depressive-mixed episodes has not been already measured. Tha aim of the sudy was to assess the effectiveness of lithium salts in preventing depressive symptoms, in a sample of bipolar patients followed-up during 10 years, considering the adherence to treatment.
Methods.– Seventy-two patients with BD treated with lithium carbonate were included and followed-up during 10 years. Every 8 weeks a trained psychiatrist assessed their morbidity. Adherence was rated as good when more or equal than the 90% of bimonthly serum lithium assays remained $\geq$0.50 mEq/L and was verified with the "Lithium Attitudes Questionnaire" score.
Results.– Fifty-six patients (77.8%) were considered as good adherent. Those patients had significantly less episodes with depressive symptoms, required less hospitalizations during the follow-up, and a longer time to relapse than non-adherents.
Conclusions.– In addition to its known role in the management of mania and hypomania, lithium salts have also a preventive effect of the occurrence of depressive symptoms in the long-term of BD. Treatment adherence should be addressed in order to translate the efficacy of treatments into effectiveness in clinical practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0072

Sexual disorders in females diagnosed with bipolar disorder

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Background and aims.– There might be at least two main types of sexual disorders recorded in bipolar patients: those emerged by the disorder itself and those provoked by different psychotropic medication. The first could be recorded before treatment but melting etiologies make difficult to ascertain these disorders after treatment administration. Another barrier against the accurate description of sexual behaviors in bipolarity might be attributable to the tremendous disease heterogeneity.
Aims.– To describe the type of sexual disorders recorded in female bipolar patients; to establish some predominant patterns of sexual disorders according to phases of mood episodes; to point if there is a relationship of sexual disorders with the severity of mood episodes.

Methods.– The sample consists of 173 women, 112 being bipolar (81 depressive, 31 manic), and 61 healthy matched controls. Being a cross-sectional observational study, following psychometric instruments were given to all subjects: the Sexual disorders interview (SDI), Females Sexual Function Index (FSFI), and BDI, YMRS in bipolar patients.
Results.– Sexual disorders were detected in the majority of bipolar patients. Less sexual interest, attributable to depression or medication, rare sexual intercourse, discomfort, pain were common in depressive patients while manic patients display rather intense sexual fantasies, higher arousal, lubrication, sexual satisfaction. There could not be established any association between sexual disorders and the severity of the mood episode.
Conclusions.– Bipolar women were less sexual active than controls, various sexual disorders being detected in both groups, but more disturbing in depression; no association of sexual disorders were related to the severity of mood disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0073

Similarities and differences between bipolar smokers and bipolar non-smokers

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Background and aims.– Introduction: Bipolar smokers are more likely to develop medical and psychiatry comorbidty, more severity of depressive symptoms and increased levels of leptin and inflammatory biomarkers.
Objectives.– To investigate whether the co-occurrence of bipolar disorder (BD) and tobacco use disorder (TUD) was associated with severity of symptoms, child abuse, lower quality of life, functional impairment, alterations in the leptin levels, inflammatory biomarkers, and lipid profile,
Methods.– Individuals investigated were BD smokers, BD never–smokers, non-BD smokers, and non-BD never-smokers. Socio-demographic and clinical data were assessed by structured questionnaire. Other assessments used were body mass index (BMI), Hamilton Depression Rating Scale, Hamilton Anxiety Rating Scale, Young Mania Rating Scale, Sheehan Disability Scale, Quality of Life (WHOQOL-BREF), Childhood Trauma Questionnaire and laboratoy biomarkers (leptin, high-sensitivity C-reactive protein, soluble tumor necrosis factor receptor 1 and 2, and lipid profile).
Results.– BD smokers had significant positive correlation between leptin levels and emotional abuse, leptin and severity of depression, leptin and severity of anxiety, leptin and Castelli risk indexes 1 and 2, emotional abuse and BMI, BMI and triglycerides but a negative correlation between emotional abuse and quality of life.
Conclusions.– These findings suggest that bipolar smokers, whose leptin levels were increased, were linked to childhood trauma, greater severity of depressive and anxious symptoms and alterations in components of metabolism. Further studies are recommended to understand the role of leptin in the pathogenesis of bipolar smokers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0074

Does dopamine replacement therapy induce mania in bipolar patients?

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Background and aims.– Dopamine replacement therapy (DRT) is the main treatment of Parkinson's disease, proved to ameliorate its motor deficits. Also it can be used to treat patients with Parkinsonism, namely caused by antipsychotic drugs when extrapyramidal symptoms are present. Nevertheless, behavioral disturbances have been associated with the use of DRT. The goal of this study is to systematically review the literature regarding the use of DRT and its effect in patients with bipolar disorder.
Methods.– The authors searched for scientific papers published in the last 15 years, written in English, available in PubMed®, using the words "Dopamine Replacement Therapy", "Mania" and "Bipolar" in the Title and/or Abstract.
Results.– Some evidence suggests the induction of hypomanic/manic symptoms in non-Parkinson disease (PD) related bipolar disorder with the use of DRT. Both cases of new-onset mood elevation and worsening of a previously diagnosed bipolar disorder have been reported. Altogether with corticosteroids, L-dopa seems to be the most common prescribed drug associated with secondary mania. These episodes seem to be reversible, with response to decreasing or stopping dopaminergic agents.
Conclusions.– Scientific literature shows that L-dopa may induce mood elevation in bipolar patients without PD. DRT may also be associated with other behavioral changes like hallucinations, delusions and confusion. These agents should then be used with caution in all psychiatric patients and specifically in those diagnosed with bipolar disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0075

Concentration of VSELs and HSCs in the peripheral blood in stable bipolar patients, not treated with lithium salts

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Background and aims.– There is growing evidence of immune activation in certain psychiatric disorders and their potential influence on the process of stem cell mobilization into the peripheral blood, as in the case of patients with first episode psychosis. Hence, we put forward a hypothesis that mobilization of some types of stem cells into the peripheral blood may occur in patients with bipolar disorder (BD).
The aim of the study was to evaluate concentration of VSELs and HSCs in the peripheral blood of stable BD patients, not treated with lithium salts.
Methods.– The study included 30 unrelated individuals with the diagnosis of bipolar disorder, with disease duration of at least 10 years, not treated with lithium salts for at least five years prior to the study. At the time of the study, all patients met the criteria for bipolar disorder in remission. The control group consisted of 30 healthy subjects, matched for age, sex, BMI, origin, socio-demographic factors and nicotine use. Blood samples underwent cytometric analyses to assess concentrations of: VSEL CD34+ (Lin-/CD45-/CD34+), VSEL AC133+ (Lin-/CD45-/AC133+), HSC CD34+ (Lin-/CD45+/CD34+), HSC AC133+ (Lin-/CD45+/AC133+).

Results.– Stem cell concentrations in the peripheral blood in the patient group were not different compared to the control group.
Conclusions.– There is no evidence of stem cell mobilization into the peripheral blood in stable bipolar patients, not treated with lithium salts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0076

Overweight and cognitive performance in bipolar disorder

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Background and aims.– The influence of different types of variables on the cognitive involvement of Bipolar Disorder (BD) is known. Aspects related to physical health influence neurocognitive performance. Recently the research is aimed at assessing the relationship of cardiovascular risk factors and cognition, such as obesity in BD. The *Screening for Cognitive Impairment in Psychiatry – Spanish* (SCIP-S) is a test validated as screening for cognitive impairment in patients with BD[5].
Our aim is to determine the relationship between neurocognitive state and anthropometric variables such as the Body Mass Index (BMI) and abdominal perimeter in a clinical sample of clinically stabilized outpatient BD patients.
Also, to check whether there is an association with positive screening for cognitive impairment evaluated with SCIP-S (percentiles $\leq$15).
Methods.– Evaluation by SCIP-S of 118 euthymic patients with BD according to DSM-5. Analysis of the statistical correlation of the SCIPS-S scores with anthropometric variables (BMI and abdominal perimeter).
Results.– The SCIP-S total score was statistically significantly correlated to the BMI ($p = 0.0048$) and the abdominal perimeter ($p = 0.0214$). No statistically significant relationship was found between positive screening for cognitive impairment evaluated with the SCIP-S and these anthropometric variables
Conclusions.– The abdominal perimeter and the BMI are associated with worse neurocognitive functioning according to SCIP-S raw score. This study was performed with a short screening instrument for cognitive impairment and it does not corroborate a direct relationship between body weight and cognitive impairment. However, it does confirm that there is a positive relationship between overweight and worse cognitive functioning in patients with BD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0078

Differences in psychopathology between offspring of parents with bipolar I disorder and those with bipolar ii disorder: a cross-sectional study

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Background and aims.– Differences in phenomenology of bipolar I disorder (BP-I) and bipolar II disorder (BP-II) have remained a subject of continuous research interest. Despite clinical implications, few previous studies have evaluated the psychopathology in offspring considering bipolar subtypes. The aim of this study was to evaluate differences in psychopathology between offspring of parents with BP-I and those with BP-II.
Methods.– The sample included 201 children and adolescents between 6 and 17 years of age who had at least one parent with BP-I or BP-II. The offspring were diagnostically evaluated using the Korean Kiddie-Schedule for Affective Disorders and Schizophrenia-Present and Lifetime Version. Psychopathology and Clinical characteristics were evaluated, including DSM-5 main diagnosis, comorbidity, depression, anxiety, and childhood trauma. Differences of lifetime DSM-5 diagnoses between BP-I and BP-II were also compared between schoolchildren group aged 6 to 11 years and adolescent group aged 12 to 17 years.
Results.– In DSM-5 primary and comorbid diagnosis, offspring of parents with BP-I had significantly higher rates of MDD and BP-I than offspring of parents with BP-II. The offspring of parents with BP-I had significantly ($p = 0.004$) higher scores in childhood trauma scale than those of offspring of parents with BP-II.
Conclusions.– The present study suggests that BP-I and BP-II might be genetically and etiologically distinct. Our findings indicate that additional research related to offspring with parents with bipolar is needed to enhance understanding of multiple dimensional differences between BP-I and BP-II.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0079

Impulsivity in bipolar disorder – a state or a trait?

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Background and aims.– Impulsivity is a multifaceted concept and is a prominent feature of bipolar disorder (BD). Whether impulsivity is state or a trait marker of BD is still controversial. The aim of the present study was to find out: 1) whether patients with BD having a current episode (BD-E) and BD patients in remission (BD-R) are more impulsive in comparison to healthy controls (HC) and 2) whether the impulsivity level depends on the severity of affective symptoms.
Methods.– We report data on 62 demographically matched DSM-IV-TR BD I patients having a current episode, 22 patients with BD-R and 37 HC. All groups were assessed by HAM-D and YMRS. Impulsivity was measured by BIS-11A and a DDT.
Results.– In comparison to HC, BD-E patients had significantly higher BIS-total ($p = 0{,}01$), BIS-motor ($p = 0{,}031$) and BIS-atten ($p = 0{,}001$) subscores. BD-R patients also had higher BIS-total, BIS-motor and BIS-atten subscores in comparison to HC but these differences did not reach significance. BD-E and BD-R groups did not differ significantly from each other in respect to their BIS scores. Neither the HAM-D score, nor the YMRS score had a significant effect on the BIS scores. BD-patients did not differ from HC in respect to their k-value.
Conclusions.– Our results suggest that: 1) BD patients regardless of their affective state have higher levels of impulsivity in comparison to HC, as revealed by BIS; 2) different aspects of impulsivity could

contribute to the impulsive behavior in BD patients. Our results support the notion that impulsivity could be regarded as a stable trait of BD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0080

Soft neurological signs in bipolar patients in current affective episode and in remission

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Background and aims.– Soft neurological signs (SNS) are minimal, objective abnormalities that are supposed to reflect specific cognitive deficits. Recently, many data support the notion that SNS could be regarded as endophenotypic markers of bipolar disorder (BD). The aim of our study was to compare the incidence of SNS in BD patients manic/mixed episode (BD-M), BD patients in depressive episode (BD-D), BD patients in remission (BD-R) and healthy controls (HC).
Methods.– We report data on 32 demographically matched DSM-IV-TR BD I patients having a current manic/mixed, 30 BD patients having a current depressive episode, 22 BD patients in remission and 37HC with no Axis I or II mental condition. All groups were assessed by the Heidelberg Scale.
Results.– In comparison to HC, BD-M and BD-D patients had significantly higher SNS total ($p < 0{,}001$), SNS motor ($p < 0{,}001$), SNS sensory ($p < 0{,}001$) and SNS complex scores ($p < 0{,}001$). Additionally, BD-D patients had significantly higher SNS orientation signs in comparison to HC ($p = 0{,}008$). BD-R patients had only significantly higher SNS motor score ($p = 0{,}011$) in comparison to HC. There were no inter-group differences in hard signs scores.
Conclusions.– Our results reveal that BD patients irrespective of the affective state (current manic/mixed/depressive episode or remission) have much more SNS in comparison to HC, i.e. have a discrete neurological dysfunction. Consequently, SNS could be regarded as a stable marker of BD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0084

Associations between salivary markers of stress system activation with social withdrawal in humans

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Background and aims.– Social withdrawal (SW) is an early symptom of stress-related psychiatric disorders. Associations between SW and the hypothalamic-pituitary-adrenal (HPA) axis have been previously established. However, the relationship between salivary alpha-amylase (sAA; an enzyme reflecting autonomic nervous system activation) and SW have not been investigated to date.
Methods.– In this cross-sectional, observational study, saliva samples were collected over two days in 843 participants (231 psychiatric patients and 612 healthy controls) that participated in routine outcome monitoring (ROM). SW was determined on the basis of 3 relevant ROM subscales, and the relationship between salivary cortisol (sC) and sAA with SW was investigated by means of multivariate linear regression analyses. Mediation analyses were run to determine the possible mediating role of SW in the relationship between sC, sAA, and depression scores on the Montgomery Asberg Depression Rating Scale (MADRS).
Results.– On average, participants were 44.0 years old and 64.1% were female. After adjustment, statistically significant positive associations were only found between sC and one of the social withdrawal subscales at certain specific time points (area under the curve with respect to the increase, beta = 0.082, $p = 0.02$; evening sC value: beta = 0.110, $p = 0.003$; mean sC value: beta = 0.097; $p = 0.01$), however not with any of the other subscales.
Conclusions.– HPA-axis activity, but not ANS-axis activity is associated with social withdrawal.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0087

Genetic analysis of high-risk/low-risk alcohol addiction phenotypes

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Background and aims.–
Introduction.– A growing body of scientific research has established the value of Cloninger alcoholism typology. Type I alcoholism requires the presence of a genetic as well as an environmental predisposition, affects both men and women ("milieu-limited") and is the most common type. Type II alcoholism, the less common type, is strongly influenced by genetic factors and affects mainly male individuals ("male limited").
Objectives.– Examine the association of candidate genes of the monoamine neurotransmitter pathways with the alcohol addiction phenotype, classified according to Cloninger et al. (1981) model.
Methods.– A case-control study was performed with 127 alcohol-dependent patients and 105 healthy controls. Study participants were recruited in the alcoholism unit of Santa Maria University Hospital in Lisbon. Patients were subtyped into type I ($N = 100$) and type II ($N = 27$) with a clinical algorithm. Mini Neuropsychiatric Interview was used for diagnostic evaluation. Genotyping was done by polymerase chain reaction. Genotype and allele frequencies were compared using Fisher's exact test. The 95% confidence interval was used to estimate the precision of the Odds Ratio. Data were analysed using the SPSS (Version 20.0). Statistical significance was defined at $p < 0.05$. All the observed genotype frequencies did not deviate from Hardy-Weinberg equilibrium.
Results.– The frequency of the S allele of the 5-HTTLPR polymorphism was significantly higher in the subtype II (0.90) when compared to subtype I (0.62) and the control population (0.69) ($p = 0.05$; OR = 0.23, 95% CI = 0.05–1.1).
Conclusions.– We may conclude that some classification systems of alcohol addiction appear to possess a greater ability in capturing certain genetic influences than others.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0089

Evaluation of alcohol consumption among military psychiatric consultants

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Background and aims.– Traditionally alcohol has been used by the military to cope with the intense stress of battle but also as a way of mediating the transition from the heightened experience of combat to routine safety. However, a striking range of alcohol-related behaviors could be classified as injurious. At one extreme are behaviors that are clearly dangerous to both physical and mental health.
The aim of this study was to assess alcohol consumption among military psychiatric consultants and to determine factors associated with alcohol misuse.
Methods.– This is a cross-sectional study involving 73 patients followed at the psychiatric outpatient military clinic "Meftah Saâdallah" during the period between February and March 2018. The Alcohol Use Disorders Identification Test (AUDIT) scale was used to evaluate alcohol consumption. The presence of a depressive disorder and / or a Post-Traumatic Stress Disorder (PTSD) was assessed using the shortened Beck Depression Inventory (BDI) and PTSD Check-List 5 (PCL-5) scales, respectively.
Results.– The mean age of our population was 37.47 years old. Twenty-five percent consumed alcohol with a mean score of 4.98 at the AUDIT scale. Forty-five percent of patients had PTSD with a mean score of 33,6 at PCL-5 scale. Patients had mild depression in 11% of cases; moderate in 30% of cases and severe in 25% of cases. We didn't find a significant association between alcohol misuse and PTSD nor depression.
Conclusions.– Alcohol misuse is quite common in the military. Screening for early signs of alcohol misuse is important to identify individuals at risk prior to exposure to combat-related trauma.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0090

Validation of the severity of dependence scale-general (SDS-G) in a sample of the Portuguese population

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Background and aims.– The SDS was developed to assess the degree of dependence of different types of drugs. We aimed to validate a new extended SDS that assessed other addictive behaviors in a sample of the Portuguese population.
Methods.– 342 participants (age: $M \pm SD = 25.25 \pm 7.87$ years; sex: 61.4% men) filled a sociodemographic-clinical questionnaire and the SDS-G in an internet survey. The instruction was "Indicate the degree of dependence on something you cannot live without (drug, gambling, exercise, eating, social-networking, drinking, shopping, masturbating, interneting, smoking, watching TV shows, etc.)". The five items, scored on a 4-point scale, were: 1) Do you think your dependence was ever out of control? 2) Does the prospect of not having/being stopped of doing/using/consuming the object of your dependence at the moment you were counting on it make you anxious or worried? 3) To what extent were you concerned about your dependence? 4) Did you ever wish you could stop? 5) To what extent do you think will be difficult to stop your dependence?
Results.– Cronbach's alpha was 0.86 with a one-factor structure explaining 64.5% of the variance (Kaiser-Meyer-Olkin $= 0.85$; Bartlett's test of Sphericity: $p < .001$). SDS-G correlated with use frequency of alcohol, hallucinogenic, cannabinoid, club, stimulants drugs ($r = 0.16$; $p < 0.01$), and tobacco (r ranging from 0.13 to 0.35; p between .05 and .001).
Conclusions.– The preliminary results indicate that the SDS-G is a valid instrument for the general population. Future directions include the replication with clinical samples.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0091

Smoking cessation in serious mental illness: a multi-pronged approach using the treatment cascade framework

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Background and aims.– Nicotine dependence contributes significantly to medical mortality in patients with serious mental illness. Reducing smoking in this population has been less successful than in the general population. A system-wide effort addressing the varied obstacles to smoking cessation is needed to improve this health disparity.
We introduce the treatment cascade framework and apply it to nicotine dependence. We then show how this conceptual framework can guide program development to address smoking cessation in patients with serious mental illness.
Methods.– Using quality improvement projects, we reviewed smoking histories and treatments for patients in a community mental health clinic, including a clozapine clinic. Focus groups with clinical staff and psychiatry residents identified obstacles to addressing smoking cessation.
Results.– 37% of 197 clozapine patients were current smokers; 32% had quit. Smoking status, and history, was not uniformly reported in the electronic medical record, thereby preventing population-based management for the whole clinic. Even motivated patients could not easily be linked to the full spectrum of care, particularly psychosocial interventions. There was no mechanism to track patients who had quit longitudinally. Less than 50% of patients who quit had received evidence-based pharmacological treatments.
Conclusions.– Using the treatment cascade framework, we identified several critical gaps in our clinic: lack of uniform and complete data entry; lack of easy linkage to provider with expertise in smoking cessation; lack of consistent follow-up of motivated patients; and limited use of evidence-based treatments for smoking cessation. Quality improvement projects including educational initiatives are underway to address identified barriers to successful smoking cessation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0092

Perceived parents' and partners' attitudes towards female women with alcohol dependence: do they really matter?

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Background and aims.– The aim of this research is to examine whether specific subtypes of alcohol dependence according to Lesch typology in women from Southern Bulgaria are more likely to coexist with specific perceived attitudes in parents and partners.
Methods.– The study included fifty-three women with a diagnosis of alcohol dependence ($M_{age} = 43.84$, $SD_{age} = 9.48$; $M_{years\ ofeducatio}n = 15.11$, $SD_{years\ of\ educatio}n = 3.21$; $M_{years\ of\ addiction}12$, $SD_{years\ of\ addictio}n = 3.56$, all raised by their

parents and with partners at the time of the examination). All were evaluated with the Bulgarian version of the Lesch Alcoholism Typology – Questionnaire (LAT), while data were collected with self-report questionnaires regarding their parents' attitudes. The questions regarding their parents' attitudes included close-ended categorization (loved, not loved, not judgmental) and their partners' attitudes were again rated in a close-ended way (categories: dismissive, dominant, inconspicuous, insecure). All questions were answered by the patients.
Results.– Chi-square tests indicated that no interaction exists for parents' attitudes and Lesch types (x2 (4) = 4.341, $p = .362$), but a significant interaction was found for partners' attitudes and Lesch typology (x2 (6) = 13.507, $p = .036$).
Conclusions.– According to the above results, the most striking finding focuses on the Lesch type III patients (alcohol abuse for its mood enhancing and sleep inducing properties), which is more likely to coexist with perceived dominant views from partners. Future research should further investigate other confounding factors that may influence the relationship between attitudes of important others and Lesch types.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0093

Risk factors for wernicke-korsakoff syndrome in patients with alcohol use disorder. A series of five cases

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Background and aims.– Wernicke-Korsakoff Syndrome (WKS) is a prevalent residual syndrome in patients with Wernicke encephalopathy who did not receive immediate treatment with thiamine replacement. This syndrome entails profound cognitive impairments and loss of functionality.
A series of five cases admitted to our Acute Psychiatric Ward with this diagnosis is presented. As a whole, they had different risk factors for WKS apart from alcohol use disorder.
Case 1: 57 year-old man with history of bariatric surgery who is admitted from a suicide attempt by precipitation. Case 2: 60 year-old man derived by court order due to behavioral disturbances and alcohol abuse. Case 3: 42 year-old woman with anorexia nervosa and chronic renal failure who is hospitalized after presenting hematemesis. Case 4: 55 year-old man with history of HIV infection, dilated myocardiopathy and chronic renal failure who is admitted for alcohol cessation. Case 5: 43 year-old man with substance use disorder and HIV infection who is derived due to auditive hallucinations and aggressiveness.
Methods.– In all cases, diagnoses were performed clinically, following the detection of mental state disturbances, nistagmus, ataxia and memory impairments. In cases 1, 2 and 3, a magnetic resonance, a extension study of the neoplasia and a cognitive assessment were performed respectively.
Results.– Thiamine replacement therapy at high doses was started in all cases.
Conclusions.– WKS is commonly underdiagnosed worldwide. Its early diagnosis and treatment are crucial given the associated morbidity and mortality and the demonstrated possibility of preventing WKS in patients with Wernicke encephalopathy.
Clinicians should be able to identify the different risk factors for WKS.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0094

Serial estimation of urine ethyl glucuronide (ETG) and ethyl sulfate (ETS) during monitored abstinence in alcohol dependence syndrome

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Background and aims.– Alcohol use disorders are recognized world over as a major public health issue. Thus, an urgent need for early identification of risk factors and timely management has been long felt in addiction treatment research. The role of biomarkers has proved to be important in the identification of problem drinking and in monitoring relapse. Urine EtG and EtS are direct biomarkers of alcohol helpful in detection of recent alcohol use. This study focuses on understanding the pharmacokinetics of urine EtG and EtS.
Aims and Objectives.– To characterise time course of urinary EtG and EtS during abstinence in alcohol dependent patients.
Methods.– Information regarding alcohol use was collected using self-report measures among 100 subjects. Urine EtG and EtS was monitored serially in each subject sixth hourly for 72 hours.
Results.– Median urine EtG and EtS levels approach zero at the end of 48 hours and 42 hours respectively. The percentage change in urine EtG and EtS is exponential and does not follow linear order kinetics. Sensitivity and specificity of urine EtG at cut off of 300 ng/ml is 93% and 100% respectively. Similarly, for urine EtS at cut off of 100 ng/ml sensitivity is 91% and specificity at 100%.
Conclusions.– Urine EtG and EtS can be best detected within 48 hours of last alcohol use with high sensitivity and specificity and these biomarkers provide valuable information of recent alcohol use.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Bipolar Disorders Part I / Substance related and Addictive disorders I

E-PP0097

From a potential treatment to probable harm: a case series of pregabalin withdrawal syndrome

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Background and aims.– Pregabalin has been increasingly used during detoxification programs to alleviate drug withdrawal symptoms and craving, especially with alcohol and opioid use disorders. Over more than a decade, pharmacovigilance reports and case studies have provided information on the presence of a probable "pregabalin use disorder, PUD," with overdose mortality reported in opioid maintenance programs.
Methods.– Unpleasant withdrawal symptoms during pregabalin use were described in six Middle-Eastern young adult male patients (21 to 31 years old), who have a clinically-validated PUD, alone or with other substances.
Results.– Duration of pregabalin use ranged between two to six months. Total daily dose varied between 1500 mg to

4500 mg. Observed withdrawal symptoms were psychological (e.g., depressed or irritable mood, sense of restlessness, social withdrawal, reduced spontaneous speech), autonomic (e.g., diaphoresis, sense of being cold, GI upset), fatigue, chest pain, and tremors.
Conclusions.– Pregabalin has a rising "use disorder" pattern in the Middle-Eastern region, with withdrawal syndrome, that is distinctive from other substances. Risk of addiction liability was observed even without a history of other substance use disorders. Use of pregabalin might warrant clinical attention during the healthcare of patients with substance use disorders, notably the sedative ones, or patients with risk factors for addiction. Further longitudinal studies need to investigate the evolution of pregabalin use as a separate substance use disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0098

Motivation as a focus in the treatment of alcohol use disorders

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Background and aims.– Additive behaviors may be addressed, in clinical practice, with motivational focused strategies. Those interventions focus in addressing the ambivalence that the patient is experiencing and, through motivational strategies, stimulating him to strengthen and develop the necessary motivation for change. Through this process the patient consequently progresses in the stages of change and develops the means to modify its behavior. The basis for this are openness, neutrality, empathy and respect. While given the means to change, the patient's autonomy is always respected. Through this process, the patient is stimulated to address its problem while maintaining its autonomy and to develop the need tools for change.
This work aimed at evaluating the use of motivational based strategies in the treatment of alcohol use disorders.
Methods.– The authors did a non-systematic review of the relevant papers addressing this theme on the literature. Pubmed and Sciencedirect search engines were used to select the papers used and the relevance of those was evaluated by the authors.
Results.– Literature shows support for motivational oriented strategies in the treatment of additive behaviors, including alcohol use disorder, even with brief interventions using this model.
Conclusions.– In alcohol use disorder, a focus on motivation may provide the necessary momentum for change. Motivational interview gives some tools that allow the patient to develop this necessary force for inner change. Literature seems to support this kind of strategy for the treatment of additive disorders. Motivational interview may be a interesting tool for addressing this problem.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0099

Association of psychiatric and opioid use disorders with takotsubo cardiomyopathy in an urban community hospital inpatient setting

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Background and aims.– Takotsubo cardiomyopathy (TC) is a non-ischemic stress-induced response of heart muscles that although largely reversible, is often invasive and costly to differentiate from acute coronary syndrome. The role of emotional and physical triggers in the etiology of TC remains unclear.
Aims.– To identify the major psychiatric factors among an inpatient population with TC versus other Non-Ischemic cardiomyopathies (NICM).
Methods.– We searched 2012-15 inpatient Problem Lists for NICM and TC (Mayo Criteria) related cardiomyopathies and confirmed 68 diagnosed cases. These were evaluated for psychiatric comorbidity and indicators of substance abuse. Subjects diagnosed with TC ($n = 32$) were compared to those with other NICM (Non-TC, $n = 36$).
Results.– Females were more likely to meet TC criteria than males (66.7% vs 28.6%, P = 0.003). Patients with depression and/or anxiety were more commonly diagnosed with TC than without, (70% vs 43.1%, P = 0.172, and 64.3% vs 42.6%, P = 0.229, respectively). A higher proportion of patients with opioid use history met criteria for TC, relative to those without any history (64.9% versus 25.8%, Odds ratio = 5.2, P = 0.002).
Conclusions.– Our sample confirms female gender, anxiety and depression as characteristics often reported with TC. However, our underserved inpatient population with diverse psycho-social stressors also suggests an additional association with opioid use. The etiology of this is not clear, but QTc prolongation is another reported risk factor for TC and chronic opioid use can cause QTc prolongation. Further research is needed to categorize the association of TC with psychiatric co-morbidity as well as define its possible relationship to chronic opioid abuse.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0100

Mood disorders in patients with acromegaly and cushing's disease

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Background and aims.– Previous studies have shown high prevalence of mood (mostly unipolar) disorders in patients with endocrine diseases. There are nonsystematic data on bipolar spectrum disorders in patients suffering from Cushing's disease (CD) and single case reports about mania states in patients with acromegaly.
Aims.– To study prevalence of mood disorders in patients with acromegaly and CD.
Methods.– The study involved 115 patients with acromegaly (95 women/20 men, aged 55 ± 13), and 94 patients with CD (84/10, 41 ± 12). Mental health was evaluated with structured psychiatric interview (MINI 6.0) and ICD-10 criteria. In the majority of patients who had affective disorder hypomania checklist (HCL-32) was also used.
Results.– Affective disorders were diagnosed in 47/115 (40,9%) patients with acromegaly and 56/94 (59,6%) CD patients. Their spectrum included: hypomania in 5(4,3%) patients with acromegaly and 11(11,7%) CD patients; mania in 0 and 3(3,2%) patients, respectively; bipolar disorder in 20(17,4%) and 24(25,5%); other unspecified bipolar disorders (type IV mostly) in 14(12,2%) and 0; depressive episode 3(2,6%) - 8(8,5%); recurrent depression 6(5,2%) – 5(5,3%); cyclothymia 2(1,7%) - 5(5,3%). In 42/47 patients with acromegaly and 39/56 CD patients who had mood disorder

the HCL-32 was used. 31/42(73,8%) patients with acromegaly and in 29/39(74,4%) CD patients scored ≥ 14, that was indicative of bipolar type II disorder.
Conclusions.– Study confirms high frequency of mood disorders in patients with acromegaly and CD. High prevalence of bipolar spectrum disorders in both groups probably can be associated with dysregulation at suprapituitary level, suggesting that these diseases can have some similar epigenetic mechanisms influencing emotions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0101

Prevalence of pregabalin abuse among healthcare professionals in asser province Saudi Arabia

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Background and aims.– Substance use disorders among healthcare professionals (HCPs) are adversely affect the HCPs ability to perform their duties. The main objective of our study was to evaluate the prevalence of pregabalin abuse among HCPs in Asser province of Saudi Arabia. We also correlate the results with different factors.
Methods.– We conducted a descriptive cross-sectional study among HCPs ($n = 372$) in three main hospitals in Asser region, using an English online survey questionnaire.
Results.– Most of the participants were young ($25.6 \pm$ years), married males with mean experience of 8.1 ± 10.6 years. About 43.4% of the studied sample were physicians whereas paramedical staff, nurses and pharmacists constituted 29%, 17.7%, 9.7%, respectively. The utilization rate was 11.6% of the sampled staff, and non-prescribed among 48.9% of pregabalin users. The prevalence of pregabalin abuse among the studied sample was 0.06%. Almost, 61.9% of abusers were males, 52% ($P = 0.03$) of them were less than 30-year-old, 57.1% ($P = 0.05$) paramedical staff. Approximately 42.9% of abusers use it for stress management with recorded statistical significance ($P = 0.005$) and 52% abused more than one drug at a time ($P > 0.05$).
Conclusions.– The current research revealed that about 1 every 9 medical staff use pregabalin and nearly half of them use it without medical prescription. Utilization rate was higher among young physicians and paramedical staff in special concern. Stress relief and euphoria sensation were the major factors behind abuse. Despite limitations, this is the first study examined the prevalence of pregabalin abuse among HCPs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0102

Case-report of a 'tea ceremony' with ayahuasca: an emotional rollercoaster

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Background and aims.– Ayahuasca, also called yagé, is a psychoactive potion of various plant infusions consisting of the Banisteriopsis caapi vine, containing beta-carbolines, and the leaves of the N,N-dimethyltryptamine (DMT)-containing Psychotria viridis, which acts as a potent agonist to 5-HT_{2a} receptors. Drinking ayahuasca has recently become very popular in shamanistic 'healing ceremonies' for its potential cognitive benefits and antidepressant properties. It has also been associated with severe psychiatric sequelae.
Aims.– To present a case report of a patient who was intoxicated with the psychoactive potion ayahuasca, followed by a literature review on the hazards of intoxication with ayahuasca.
Methods.– An English language literature search was conducted using Pubmed and EMBASE searching for case reports and observational studies reporting intoxication with the potion ayahuasca.
Results.– A 47-year-old female suffered a psychotic crisis after an ayahuasca tea ceremony. Symptoms included delusional thinking, paranoid ideas, insomnia, emotional lability and hyperactivity with uncontrolled movements. These symptoms fluctuated and persisted for over 4 weeks before she was taken into hospital. There was no past history of any psychiatric problems. At the psychiatric emergency department, she received an antipsychotic treatment with haloperidol and the psychotic symptoms gradually disappeared. Emotional lability including depressive symptoms remained for several months, possibly due to past traumatic experiences she had not remembered until the moment of intoxication.
Conclusions.– The use of ayahuasca can lead to long-term psychopathology. Subjects with a personal or family psychiatric antecedents should avoid intake of this psychoactive potion.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0103

Understanding public opinion to the introduction of minimum unit pricing in Scotland: a qualitative study using twitter

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Background and aims.– On 1st May 2018 Minimum Unit Pricing (MUP) of alcohol was introduced in Scotland. This study aimed to assess responses to the policy implementation in comments made on Twitter.
Methods.– All tweets relating to MUP were captured during the two weeks after the introduction of the policy. These tweets were assessed using a mixture of human and machine coding for relevance, sentiment and source. A thematic analysis was conducted.
Results.– 74,639 tweets were collected over 14 days. Study findings demonstrate that opinion on the introduction of MUP in Scotland is divided, as far as is discernible on twitter, with a slightly higher proportion of positive posts, particularly in Scotland itself. Furthermore, 55% of positive tweets/retweets were originally made by health or alcohol policy-related individuals or organisations. Thematic analysis of tweets showed some evidence of misunderstanding around policy issues.
Conclusions.– It is possible to appreciate the divided nature of public opinion on the introduction of MUP in Scotland using twitter, the nature of the sentiment around it, and key actors involved, and it will be possible to later study how this changes when the policy becomes more established.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0104

Identification of cases of abuse/dependence by the addictovigilance center of nancy university hospital (CEIP-A): a pilot study in a psychiatric hospital

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Background and aims.– France is the only European country with a dedicated addictovigilance network (French Addictovigilance Network: FAN). Although mandatory, the reporting of abuse/dependence cases is insufficient. In an attempt to overcome this under-reporting, data from the Computerized Hospital Medical Database (PMSI) is regularly used to identify cases. Since addictions are frequently associated with psychiatric comorbidities, a pilot study was conducted for the first time in a psychiatric hospital.
The objectives were 1: to identify the sociodemographic characteristics and psychiatric diagnoses of patients abusing psychoactive substances (PAS) and 2: to characterize those substances.
Methods.– A retrospective observational study was conducted between January and September 2017 at the Centre Psychothérapique de Nancy (CPN). Patients were identified in the database by using the codes of the International Classification of Diseases, tenth revision (ICD-10): F11 to F19, that characterize mental and behavioral disorders associated with the use of PAS. Cases presenting the criteria necessary for an addictovigilance notification were analyzed.
Results.– On an initial number of 252 cases, 82 cases of abuse/dependence (33%) were retained. The selected sample was predominantly male (67%). Cannabis (29%), heroin (15%) and benzodiazepines (34%) were the most abused illicit PAS and drugs, respectively. Overall, 64% of the subjects were diagnosed with "disorders related to the use of PAS" (F11-F19), 14% with "neurotic disorders" (F40-F48), 9% with "schizophrenia" (F20-F29) and 5% with "mood disorders" (F30-F39).
Conclusions.– This study identified a significant number of potentially reportable cases to the Addictovigilance Center and demonstrated the interest of investigating cases of abuse/dependence in a psychiatric hospital (1).
(1) Barberot et al. Thérapie.2018. https://doi.org/10.1016/j.therap.2018.10.002
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0106

Benzodiazepines: why some detoxification procedures are unsuccessful? rationale for serum-BZD monitoring

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Background and aims.– Frequently detoxification from benzodiazepines (BZD) is ineffective. Moreover, there is no standardized procedure. This study was to identify what errors in common detoxification procedures influence treatment failures.
Methods.– 420 in-patients converted to diazepam were detoxified with concurrent serum-BZD monitoring (enzyme immunoassay). Doses were reduced flexibly, driven by patients' reports confronted with laboratory results. Both the satiating serum-BZD and corresponding self-evaluation score (CIWA-B) were taken as baselines. Laboratory-confirmed elimination was followed by a 2-week-long observation.
Results.– After satiation, a fixed dose ("stabilization") resulted in over-accumulation (even 3-fold over the baseline), whereas an immediate dose reduction (16–33% daily) driven by laboratory feedback stopped the accumulation within 3–7 days. Facing descending number of pills, some patients reported crises during accumulation but rescinded after feedback information. The serum-plateau initiated tapering driven by patient's self-report, but the overcumulation delayed reactions to reduced doses, which misled clinical assessment. At zero-dose, high serum-BZD and negligible symptoms were typical. With lab-feedback minimized accumulation, elimination still lasted 22 (sd14) days beyond drug withdrawal. Elimination crises clustered at zero-level or later, prolonging medical assistance.
Conclusions.– Laboratory monitoring is crucial for successful detox. Preventing over-accumulation starts the detox earlier and from lower levels, increases reliability of patients' reports, narrows the elimination window (and protracted symptoms) after the nominal withdrawal. Only adaptation at confirmed zero-serum level concludes the detox, not optimistic patients' reports at withdrawal. The laboratory-driven compression of initial stages enables long-enough assistance at the low-concentration phase. Prematurely concluded detox may cause a relapse by putting patients into inevitable crises outside the detox facility.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0107

Detoxification of benzodiazepine-dependent patients, driven by serum-BZD concentration analysis. presentation of the sermonide (serum-BZD monitored detoxification) method

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Background and aims.– Customized detoxification, driven not only by patient's reports but quantitative serum-benzodiazepine (BZD) monitoring, may create a new efficient and reliable standard procedure. This communication presents SERMONIDE (Serum-BZD Monitored Detoxification), an optimized method developed through 420 courses of individual detoxifications with monitored evolution (discussed elsewhere) of serum-BZD concentration.
Methods.– SERMONIDE consists of 4 lab-defined stages: substitution, accumulation-control, elimination and observation. For 1–2 days repeated doses of diazepam are administered until reported satiation state (substitution stage). The serum-BZD level at satiation (enzyme immunoassay) and related self-evaluation score (CIWA-B) are taken as baselines. To counteract further serum-BZD accumulation, subsequent doses are aggressively reduced (16–33% daily) driven by laboratory feedback, until serum-BZD plateau is achieved (accumulation-control stage). With the elimination stage, further tapering rate switches into driven by patients' report and usually slows down, with serum-BZD check every 3–7 days. Serum-BZD monitoring lasts beyond drug withdrawal, until confirmed zero serum level. After zero, medical assistance is continued until stabilization near patient's CIWA-B baseline.

Results.– Introduction of SERMONIDE increased treatment completion rate from 46% to 92%. The substitution stage is well tolerated. The immediate laboratory-driven dose reduction terminates the accumulation stage within 3–7 days. Typically, elimination crises (mild-moderate as ameliorated by non-BZD medication support) clustered at BZD-level approaching zero, 22 (sd14) days after drug withdrawal. Clinical adaptation is reached 11 (sd16) days later.
Conclusions.– Laboratory-driven compressed substitution and accumulation stages save time for longer medical assistance, necessary at low-concentration stages (down to zero) and later, weeks after the nominal withdrawal. This prevents drop-outs and early relapses.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0108

Sermonide and the Z-drugs. A method driven by quantitative serum_benzodiazepine monitoring in treatment of non-BZD hypnotics dependent patients

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Background and aims.– SERMONIDE is a customized detoxification method driven by quantitative serum-benzodiazepine (BZD) monitoring. Due to ability to cope with the widespread differences in the BZD-metabolism rate, it provides a reliable detox procedure. Currently the method has been tested in treatment of Z-drug dependency.
Methods.– Z-drug dependent patients ($n = 75$) were detoxified using SERMONIDE. The results were compared with those from analogously treated 329 BZD-dependent patients. SERMONIDE consisted of 4 lab-defined stages. After switching to diazepam (1–2 days, substitution stage), the serum-BZD level at patient-reported satiation and the related self-evaluation score (CIWA-B) were taken as baselines. To counteract further serum-BZD accumulation, subsequent doses were aggressively reduced, as driven by daily laboratory feedback, until serum-BZD plateau was achieved (accumulation-control stage). Further tapering rate (elimination stage) positively slowed down, as driven by patients' report, with serum-BZD check every 3–7 days, until confirmed zero serum level. Medical assistance continued (adaptation stage) until stabilization near patient's CIWA-B baseline.
Results.– The Z-drug patients needed higher satiating doses than patients converted from the BZDs (median 31 vs 20 mg). The Z-drug patients reported first withdrawal crises in markedly earlier stages of elimination (on med. 9th vs. 15th day) and completed the serum-BZD elimination after (median) 35 vs. 30 days. Despite those differences (analyzed within the presentation), the dropouts rates were low (4 (5,3%) vs. 28 (8,5%).
Conclusions.– In the Z-drug group SERMONIDE proved as highly effective as in the BZD group, resulting in a very high ratio of completed detoxifications. SERMONIDE might provide a universal detoxification treatment from many CNS-depressants.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0111

Psychoeducational family intervention: is it effective in improving relatives' coping strategies?

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Background and aims.– Psychoeducational family intervention (PFI) is effective in improving the levels of family burden and patients' personal functioning in schizophrenia and bipolar disorders (BDs). Less is known about the impact of PFI on relatives' coping strategies.
Aims.– To evaluate the efficacy of PFI improves problem-oriented coping strategies in relatives of patients with Bipolar I Disorder (BD-I) compared to the treatment as usual (TAU) group.
Methods.– A multicenter, controlled, outpatient trial coordinated by the University of Campania "Luigi Vanvitelli" has been conducted in patients with BD-I and their relatives recruited in 11 randomly selected Italian community mental health centers.
Results.– The sample was constituted of 123 patients and 139 relatives. At the end of the intervention, relatives receiving PFI reported a higher endorsement of adaptive coping strategies, such as "maintenance of social interests" ($p < 0.05$), "positive communication with the patient" ($p < 0.001$), and "searching for information" (OR = 0.443, CI = 0.12–0.76; $p = 0.007$). Moreover, treated relatives less frequently reported to adopt "resignation" ($p < 0.05$) and "coercion" ($p < 0.05$) strategies, compared to the TAU group.
Conclusions.– PFI is effective in improving coping strategies of relatives of BD-I patients, but further studies are needed for evaluating the long-term benefits of this intervention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0112

Are neurocognitive functions altered in descendants of parents with bipolar disorder?

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Background and aims.– Descendants at familial high risk of bipolar disorder may exhibit neurocognitive impairments. Large studies of neurocognition in descendants at familial high risk are important to differentiate the pathophysiology and developmental trajectory of this group.
Methods.– Electronic search was carried out in September 2018. PubMed database has been used to find studies to introduce in this review. Keywords used in the search process were represented by *bipolar AND (young relatives OR offspring OR children OR descendants)*. Ultimately, ten articles were included following abstract review.
Results.– Some studies showed worse performance in processing speed and immediate recall of visual memory relative to descendants of parents with no history of psychotic disorder, as well as reduced sensitivity during attention and executive funtions. In other surveys, descendants of parents with bipolar disorder showed selective deficits in spatial memory. Another survey suggests that descendants of bipolar parents have lower IQ scores compared to offspring of healthy controls.
On the other hand, other studies reported spared neurocogntive functions with regard to intelligence, executive functions, verbal learning and memory, and attention. Neurocognitive deficits were not necessarily concurrent with significantly lower intelligence.
Conclusions.– The evidence concerning neurocognitive functioning in descendants of parents with bipolar disorder is scarce and contradictory. Several studies observed deficits in processing speed, attention, visual memory, executive functions, and intelligence, whereas other reported spared neurocogntive functions. Therefore, there is a need to further explore this track, using larger samples, to clarify the above-mentioned contradictions.

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

E-PP0113

Anxiety disorder and bipolar disorder: frequency, risk factors and impact in a Tunisian population

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Background and aims.– Bipolar disorders (BD) have a high rate of comorbidity with a multitude of psychiatric disorders and medical conditions. Among all the potential comorbidities, co-existing anxiety disorders (AD) stand out due to their high prevalence.
Our study aimed to assess the frequency and impact of anxiety disorders on illness severity and complications.
Methods.– It is a retrospective, descriptive and analytical study in the form of an investigation in which a form was completed by the examiner based on the data collected from the patient, the examination of the medical file as well as results of the Mini International Neuropsychiatric Interview (MINI) questionnaire in its Arabic version, covering 188 patients followed for type I BD.
Results.– The average age in our sample was 37,29 years old. The sex ratio was (♂ / ♀) = 0,84. In our sample, 49,5% had at least 1 lifetime anxiety disorder. The three most frequently observed anxiety disorders were social phobia (26,6%), panic disorder (24,5%), and generalized anxiety disorder (20,2%). Bipolar patients with an early onset of illness had more comorbidity with anxiety disorder ($p = 0,03$), likewise patients with depressive onset. Anxiety disorders were detected more frequently in patients with predominant depressive polarity than patients with predominant manic polarity ($p < 0,001$). Comorbidity with anxiety disorders was correlated with lifetime history of suicide attempt ($p = 0,001$), median/high suicidal risk ($p < 0,001$), rapid cycle (0,009) and prescription of antidepressants ($p < 0,001$).
Conclusions.– Patients with bipolar disorders often have comorbid anxiety disorders, particularly patients with predominant depressive polarity, early onset of illness and depressive onset.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0114

Predominant polarity in bipolar disorder in a Tunisian population

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Background and aims.– The study of predominant polarity (PP) in bipolar disorder has been developed in recent years.
Our study aimed to examine PP in a Tunisian population.
Methods.– This is a retrospective, descriptive and analytical study. A total of 188 patients followed for BD type I were recruited.
The definition of the predominant polarity retained was the presence of at least two thirds of episodes in the whole life on the same pole. We compared the predominant depressive polarity (DPP) and the predominant maniac polarity (MPP) on a broad range of parameters, including sociodemographic, clinical characteristics, co-morbidities and treatments.
Results.– The average age in our population was 37,29 years old. The sex ratio (♂ / ♀) = 0,84. In our sample, 64,1% of the subjects fulfilled the criteria of MPP, and 33,9% of them fulfilled the criteria of DPP. MPP was associated with male gender ($p = 0,017$), manic inaugural episode ($p < 0,001$), inaugural episode with psychotic features ($p < 0,001$), higher number of episodes with psychotic features ($p < 0,001$), addictive comorbidities, earlier suicide attempt ($p = 0,021$), earlier hospitalization (0,043), greater number of hospitalizations (0,041) and prescription of neuroleptics ($p < 0,001$) and sodium valproate. As for the DPP, it was associated with female gender ($p = 0,017$), inaugural depressive episode ($p < 0,001$), greater number of mixed episodes ($p = 0;003$), rapid cycle ($p < 0,001$), anxiety disorder co-morbidities ($p < 0,001$), family history of mood disorder, higher suicidal risk ($p = 0,001$), as well as the prescription of antidepressants, lithium and lamotrigine.
Conclusions.– The concept of predominant polarity may have clinical and therapeutic relevance. His consideration as a specifier in bipolar disorder remains debatable.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0115

The attentional boost effect does not increase long-term memory in euthymic bipolar patients

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Background and aims.– When stimuli are encoded with to-be-responded targets they are recognized more accurately than when encoded with to-be-ignored distractors. This attentional boost effect (ABE) is robust in young adults, but eliminated in healthy older adults and in clinical populations. Bipolar (BP) disorder is characterized by attention deficits, even in the euthymic phase of the disease: it is thus worth investigating whether an ABE occurs in BP patients.
Methods.– 28 euthymic BP outpatients and 30 healthy controls (HC) were recruited. To investigate also age effects, we divided both samples into two sub-groups: *young* (18 to 35 years) and *adult* (36 to 59 years). Participants had to encode a sequence of pictures while performing a detection task: when a red target square appeared they had to press the spacebar. After a 15-min interval, their recognition of pictures was tested.
Results.– Performance in the detection task was worse in BP patients than in HC, in both age groups. More importantly, neither young nor adult BP showed an ABE while a robust ABE was found in young HC but not in adult HC.
Conclusions.– These data support the hypothesis that bipolar disorder is characterized by attentional deficits, even in the remission phase. We suggest that the increase in the attentional demands of the detection task subtracted attentional resources from the encoding of target-associated stimuli in patients, eliminating the ABE. The lack of ABE in adult control participants above 35 is in line with the hypothesis of an age-related decline in the facilitatory mechanisms underlying the ABE.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0116

Catatonia in psychotic depression:diagnostic and therapeutic challenges

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Background and aims.– Catatonia is a Neuropsychiatric syndrome with distinct psychomotor symptoms.
Catatonia may mimic a variety of psychiatric and medical conditions.

Methods.– Catatonia, a neuropsychiatric syndrome may present with mutism,immobility,stupor and frequently leads to life threatening medical complications of dehydration and malnutrition.
NMDAR encephalitis,has more recently been implicated in several cases often presenting with bizarre behavior,altered mental status and Catatonia.
Comprehensive laborotary testing including lumbar puncture for spinal fluid assessment of NMDAR antibodies and PET Brain Imaging which often reveal typical patterns of perfusion abnormalities often results in a probable diagnosis and treatment usually ensues with Intravenous Corticosteroids,IVIG and Plasmapharesis.
The Case presented will illustrate a Case where the diagnosis of Catatonia with Psychotic Depression was misidentified because of evaluation findings which led to a diagnosis of autoimmune limbic encephalitis,thus delaying appropriate treatement in a Psychiatric setting with Electroconvulsive therapy.
Results.– Patient received a Course of ECT after a Diagnostic test with Intravenous Lorazepam which immediately reversed the symptoms temporarily allowing for a Final Diagnosis of Catatonia secondary to Psychotic depression and appropriate treatment with a course of Electroconvulsive therapy with complete remission of symptoms after 8 treatments.
1 year follow up has confirmed the diagnosis because the patient has maintained remission with Maintenance ECT, antidepressant therapy.
Conclusions.– Catatonia is often a Neuropsychiatric syndrome which can mimic many conditions
Most recently,the interest in Auto immune Limbic Encephalitis has often led to false positive or ambiguous test results and thus delay in appropriate psychiatric interventions such as ECT.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0117

Is C-reactive protein level a causal factor in risk of bipolar disorder? a mendelian randomisation study

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Background and aims.– Patients with bipolar disorder (BD) showed more inflamed condition, which is at high risk of metabolic disturbance and cognitive impairment. However, whether elevated CRP level is causally associated with BD is not still established because of study design, mood state and use of medications. In the study, we aimed to examine whether CRP is a causal factor in risk of BD by conducting a Mendelian randomization analysis in depressed drug-naive BD patients.
Methods.– We recruited 112 community-dwelling controls and 191 BD patients. The BD patients were all in a major depressive status, with 17-item HDRS scores > 15. The CRP level and the SNPs of *CRp* genotype were examined to conduct a Mendelian randomization analysis.
Results.– The demographic characteristics did not differ significantly between the controls and BD patients. The genotype frequencies of the *CRp* SNPs in the BD patients and controls were not different, while the CRP levels were significantly higher in the BD patients than that in the controls (1818.51 ± 1732.61 and 145.63 ± 199.63 ng/ml, respectively, $p < .001$). Moreover, we found that SNPs rs1205 and rs2794520 showed significant impacts on plasma CRP levels with a beta coefficient 0.522 ($p = .028$) and 0.532 ($p = .027$), respectively. The overall estimates of Mendelian randomization indicated that the causal effect of the plasma CRP levels on the risk of BD was not statistically significant.
Conclusions.– The association between elevated CRP levels and BD might be caused by reverse causality or mediated by confounding factors. Further studies are needed to clarify the role of CRP in pathophysiology of BD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0118

Behind the clinical scales: neurocognition and social cognition in bipolar mania

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Background and aims.– Patients with bipolar disorders exhibit deficits in social and neurocognition even during remission and interfere with everyday life. This study aims to find association of executive functions and emotion and social cognition with clinical symptomatology (mood, activity and speech) and global functioning.
Methods.– Thirty-five male and sixteen female patients who were diagnosed as BD type I, manic episode according to DSM-5 in the mental health service were included. All participants received a comprehensive neuropsychological assessment and ratings of depressive Montgomery-Asberg Depression Rating Scale (MADRS) and manic [Young Mania Rating Scale (YMRS)] symptoms at baseline and follow-up. Symptoms were examined in relation to neurocognitive performance.
Results.– In the first week of bipolar manic episode, YMRS scores of bipolar mania patients, elevated mood (item 1), increased motor activity-energy (item 2), speech (rate and amount) (item 6) and total scores were all significantly correlated with SSRT, spearman's rho value (r) as were 0,583, 0,504, 0,338 and 0,505 respectively. Correlation of item 1 with deliberation time ($r = 0,3$) and rate of angry emotion recognition were found ($r = -0,34$). Item 2 and total score were positively correlated with total rate of bet ($r = 0,38$ and $r = 0,35$). General assesment of functioning score was correlated with deliberation time ($r = -0,371$) and total rate of bet ($r = -0,443$).
Conclusions.– Bipolar disorder mania clinical symptomatology was associated with neurocognition and social cognition. Cognitive and emotion recognition dysfunction relation to other key symptom dimensions and to diagnostic categories and general functioning will help clarify shared neural correlates and guide efforts toward personalized treatment approaches.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0119

Impaired glucose metabolism in bipolar disorder and response to treatment: a prospective study

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Background and aims.– Bipolar disorder (BD) is associated with significant physical comorbidity, including type 2 diabetes mellitus (T2D) and insulin resistance (IR).
Our study aimed to investigate the one-year course of BD patients with T2D or IR compared to euglycemic patients.
Methods.– We recruited 92 BD patients (33 with T2D, 18 with IR and 41 with no abnormality of glucose metabolism). They were

treated with different mood stabilizers and assessed prospectives on different psychometric scales and metabolic variables.
Results.– At one year assessment, we found that compared to euglycemic, patients with BD and comorbid T2D or IR, had a significant increase in body mass index (BMI) (0,00000376), hypertriglyceridemia (0,026), and significantly worse scores in Hamilton Anxiety Scales and Montgomery-Asberg Depression Rating Scale. However, BD patients with IR and T2D hadn't higher odds of chronic course of the BD or higher odds of episodes compared to the euglycemic ones.
Conclusions.– Present findings confirm that BD with comorbid T2D or IR is associated with a worst metabolic course and more severe psychopathology, but contrary to previous literature findings, it had not a worse clinical course.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0120

N-methyl-D-aspartate receptor (NMDAR) and glutamic acid decarboxylase (GAD) antibodies and peripheral insulin-like growth factor (IGF) in mania, depression and remission during long-term lithium-treatment

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Background and aims.– Bipolar disorder (BD) is related to disturbances of glutamatergic system. The glutamate-related antineuronal antibodies against NMDAR and GAD can cause autoimmune limbic encephalitis and occur three times more frequently in patients with BD [1,2]. The IGF-1 levels are increased in 1/3 bipolar subjects [3], with possible protective effect against NMDA-induced excitotoxicity. Long-term lithium prophylaxis in BD may cause remission through normalization of glutamatergic system pathology. The aim of the study was to assess serum levels of anti-NMDAR and anti-GAD antibodies, and IGF-1 in BD patients during manic and depressive episodes and in immediate remission after episodes, compared with euthymic lithium-treated patients.
Methods.– Serum levels of anti-NMDAR, and anti-GAD 450/620 antibodies, and IGF-1, were measured using ELISA in 19 manic and 17 depressed patients both in the acute episode and remission after the episode. The control group included 18 euthymic BD patients receiving lithium for 9–44 years (mean 22 ± 11 years), in which a single measurement was performed.
Results.– Anti-NMDAR levels were higher in mania than in lithium-treated patients ($p = 0.006$). Anti-GAD 450/620 levels were higher in mania and depression, compared with remission after respective episodes ($p = 0.034$ and $p = 0.005$) and lithium-treated patients ($p = 0.033$ and $p = 0.017$). IGF-1 levels were higher in mania ($p = 0.033$) and remission after mania ($p = 0.019$), than in lithium-treated patients.
Conclusions.– Increased levels of anti-NMDAR and anti-GAD antibodies may contribute to the glutamate-related pathology of BD. Increased levels of IGF-1 may comprise a compensatory mechanism against excitotoxicity. Long-term lithium prophylaxis may cause normalization of anti-NMDAR, anti-GAD antibodies and IGF-1 levels.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0121

History of childhood trauma and psychosis in bipolar disorder: moderation by psychiatric family history

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Background and aims.– History of childhood trauma (HCT) is associated with higher clinical severity and worse outcomes/ prognosis of bipolar disorder (BD). Previous findings on the association of HCT and lifetime psychosis in BD have been inconsistent. We aimed to investigate the yet unexplored moderating role of psychiatric family history (FH) in the association between HCT and lifetime psychosis in BD.
Methods.– We administered to 99 euthymic BD-I patients, followed-up in a bipolar clinic, the Childhood Abuse and Trauma Questionnaire (CATS), measuring four dimensions of HCT: neglect (NEG), sexual abuse (SA), physical abuse/ punishment (PUN) and emotional abuse (EA). FH in first-degree relatives of schizophrenia (FH-SCZ) and affective disorders (FH-AFF), i.e. BD (FH-BD) and major depression (FH-MDD), was extracted with the Family Interview for Genetic Studies. We fitted multiple regression models predicting CATS total score and its four dimensions, including interactions between FH and lifetime psychosis as well as age and gender as covariates.
Results.– Overall, HCT was not associated with lifetime psychosis or FH. We found a negative interaction of FH-BD with lifetime psychosis for CATS total score ($p = 0.002$), NEG ($p = 0.002$) and EA ($p = 0.001$); positive FH-BD patients with psychosis had lower HCT scores than those without psychosis. We also recorded a negative triple interaction between FH-AFF, FH-SCZ and lifetime psychosis for CATS total score ($p = 0.039$), NEG ($p = 0.045$), PUN ($p = 0.022$) and EA ($p = 0.022$).
Conclusions.– HCT and psychiatric family history have competing effects on psychosis in BD. This might explain literature inconsistencies in associations between HCT and psychosis in BD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0122

Interpersonal social rhythm therapy (IPSRT) in group or individual format in bipolar disorder: a randomized controlled trial

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Background and aims.– Interpersonal and Social Rhythm Therapy (IPSRT) is an evidence-based psychosocial intervention proven to be effective in adults with bipolar disorder (BD). The main goals of this therapy are to: regularize daily rhythms, promote mood stability, manage interpersonal relationships, learn stress-coping strategies. IPSRT has been proposed in group or individual format, however, the comparative efficacy of these two formats has been examined rarely. Our aim is to evaluate the efficacy of group IPSRT

(IPSRT-G) in terms of reduction of the stress measured by the saliva Cortisol Awakening Response (CAR) compared to individual IPSRT setting (IPSRT-I).
Methods.– A randomized controlled trial is been carried out with all patients affected by BD attending the outpatient unit of affective disorders at the University of Campania "Luigi Vanvitelli". Patients will be randomly allocated to a group receiving 60-minute of IPSRT-G every week for 8 weeks, or to a group receiving 60-minutes of IPSRT-I every week for 8 weeks. Patients will fill in: Clinical Global Impression for BD (CGI-BD), Seasonal Pattern Assessment Questionnaire (SPAQ), Morningness-Eveningness Questionnaire (MEQ-SA), Global Assessment of Functioning (GAF), Manchester Short Assessment of Quality of Life (MANSA), at baseline and at 3, 6 and 12 months post-randomization. Saliva samples at awakening and after 15, 30, 60 minutes after awakening will be collected at each time.
Results.– Patients receiving IPSRT-G will have a reduced cortisol levels in comparison to those receiving IPSRT-I.
Conclusions.– We expect that (IPSRT-G) will be effective in reducing relapses, stress, improving quality of life and reducing the cost associated with the individual format.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0123

Lithium therapy and hyperparathyroidism: the importance of calcium metabolism assessment

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Background and aims.– According to international guidelines, lithium is the gold standard for the treatment of patients with bipolar disorder. Its use is associated with several side effects, particularly thyroid and renal dysfunctions. Therefore, a careful assessment of renal and thyroid functions is recommended before and during lithium therapy. However, despite several evidences show that lithium may induce hyperparathyroidism, the evaluation of parathyroid functioning and calcium metabolism is not currently recommended. Our aim is to evaluate the impact of lithium on calcium metabolism and levels of parathormone (PTH).
Methods.– All patients with bipolar I or II disorders attending the mental health department of the University of Campania "Luigi Vanvitelli" were enrolled. Socio-demographic data, as well as levels of serum calcium, PTH and vitamin D were collected.
Results.– The sample consisted of 67 patients, mainly women (55%), with a mean age of 49 (SD ± 12) years. 43% of patients received lithium treatment. No significant differences were found between the two groups regarding socio-demographic and clinical characteristics. Instead, patients treated with lithium ($p < 0.001$) reported higher levels of PTH compared to the other group, while no significant differences were found in the levels of calcium and vitamin D.
Conclusions.– The results of our study highlight the importance to evaluate calcium metabolism and PTH before starting lithium treatment and during follow-up. Further evidences are needed in order to identify the sociodemographic and clinical predictors for alterations of calcium metabolism.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part I

E-PP0125

Psychotherapy for borderline personality disorder in adolescents: systematic review and meta-analysis

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Background and aims.– Borderline personality disorder (BPD) is a debilitating condition, but several psychotherapies are considered effective in children and adolescents. To date, however, their efficacy has not been systematically reviewed or synthesized. Here, the authors conduct a systematic review and meta-analysis of randomized clinical trials to assess the efficacy of psychotherapies for BPD in adolescent populations.
Methods.– Search terms were combined for *borderline personality* and *randomized trials* into 4 online databases in accordance with the PRISMA criteria. Randomized clinical trials of children/adolescents with diagnosed BPD randomized to psychotherapy exclusively or to a control intervention were included. Study selection differentiated stand-alone designs (in which an independent psychotherapy was compared with control interventions) from add-on designs (in which an experimental intervention added to usual treatment was compared with usual treatment alone). Statistical analysis was conducted on efficacy outcome variables using fixed- and random-effects meta-analysis with Review Manager 5.3.
Results.– Psychotherapy had a significant and large effect on BPD symptoms at posttest ($g = -0.89$ [−1.75, −0.02], I2 = 90%), but not in follow-up ($g = 0.06$ [−0.26, 0.39], I2 = 0%) or overall ($g = -0.56$ [−1.17, 0.06], I2 = 89%). Similarly, psychotherapy did not have a statistically significant effect on externalizing symptoms ($g = -0.28$ [−0.69, 0.13]), internalizing symptoms ($g = 0.02$ [−0.26, 0.31]), or functioning ($g = -0.04$ [−0.26, 0.18]). (Figure 1)

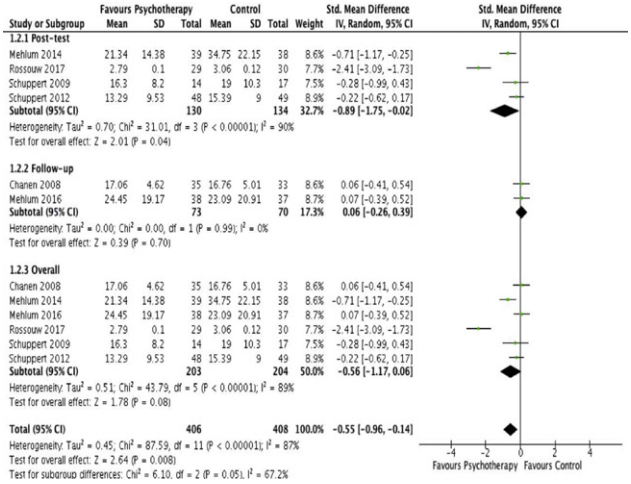


Figure 1. Results: Psychotherapy.

Conclusions.– Psychotherapies, most notably dialectical behavior therapy approaches, are effective for BPD symptoms and related problems in adolescents. Nonetheless, effects are small, inflated by risk of bias and publication bias, and particularly unstable at follow-up.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0127

Polymorphism of folate cycle genes in children with autism spectrum disorders

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Background and aims.– In recent years, there has been an increase in the incidence of autism spectrum disorders (ASD) among children in different countries. According to literature sources, it is known that the polymorphism of MTHFR C677T gene is a genetic risk factor for the development of ASD, and the allele of MTHFR A1298C gene plays the role of an additional aggravating factor. The purpose of this study is to investigate polymorphism of genes of folate cycle in children with ASD.
Methods.– The study included 36 children with autism spectrum disorders aged 2 to 9 years. Identification of polymorphisms of genes of folate cycle was performed by polymerase chain reaction.
Results.– In children with autism spectrum disorders polymorphisms in genes were as follows: MTRR (A66G) 85.6% (51.4% AG, 34.2% GG), in MTHFR (C677T) gene 65.7% (48.5% CT, 17.2% TT). The polymorphism of MTR gene (A2756G) was 37% of the cases (31.4% AG, 5.6% GG), MTHFR (A1298C) gene in 34.1% (34.1% AC, 0% CC).
Conclusions.– In this study, it was found that in children with ASD polymorphisms of genes MTRR (A66G), MTHFR (C677T) prevailed. In 17.2% of cases there was polymorphism in the homozygous state, mainly – the most severe MTHFR T677T.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0128

Brain stimulation in child and adolescent psychiatry

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Background and aims.– Adolescent depression is a severe life threatening disorder affecting 5–8% of adolescents. It is a major risk factor for adolescent suicide. It carries with it a heavy burden of harsh co morbidities such as substance abuse, and behavioral problems. A substantial part of sufferers do not achieve a stable remission with psychotherapy or pharmacotherapy. Brain stimulation techniques open new therapeutic opportunities. Electroconvulsive therapy (ECT) has been used successfully in open studies in adolescents. In adult depression robust evidence is accumulating for the role of transcranial magnetic stimulation (rTMS) as a treatment option in depression, currently has FDA approval as second line to treat depression. rTMS demands no anesthesia and is considered extremely safe with few and generally insignificant side effects. Since the hypothesis is that it mediates its' effect by brain plasticity it is not surprising that young age is a good prognostic factor for the use of rTMS.
Methods.– We will review our previous work with both ECT and rTMS, and present our ongoing double blind placebo controlled deep rTMS study.
Results.– The open label results of open label studies on both ECT and rTMS are promising with few side effects. Still approval of well controlled studies in the field is difficult and patient recruitment is an obstacle.
Conclusions.– It seems that lack of awareness of child and adolescent psychiatrists is a significant difficulty in having more research and clinical use of brain stimulation to treat adolescent depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0130

Structure of disturbances in mental development in children with opsoclonus-myoclonus syndrome

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Background and aims.– Opsoclonus-myoclonus syndrome (OMS) is a severe neurological disorder often accompanied by mental disturbances. Psychological structure of mental development disorders and positive trends in mental development were not researched previously.
Methods.– The aim of the research was to analyze positive and negative trends in mental development of children suffering from OMS. The research included 26 OMS-children aged from 1 year 7 months to 13 years. Following methods were used: analysis of patient's development and medical record, semi-structured interviews with parents and doctors, observation of child's psychological condition during psychological examination, neuropsychological and pathopsychological assessment.
Results.– Positive trends in mental development (understanding simple speech; general cognitive interest, orientation in everyday representations and knowledge about body; readiness for communication and cooperation with adults) were indicated. A stable set of the most vulnerable mental processes was detected; it depended on different factors, such as disease onset time, age at the time of assessment, severity of neurological disorders. We diagnosed neurodynamic features of mental processes with predominance of tardiness (77%, 20 of 26), impulsivity (23%, 6 of 26); speech disorders with predominance of autonomic speech (before 5 years) and delay in expressive speech (after 5 years), impairments in fine motor skills (77%, 20 of 26); visual and spatial deficits (81%, 21 of 26).
Conclusions.– A stable set of the most vulnerable mental processes in children suffering from OMS was detected. Positive and negative trends in mental development suggest potential compensation resources that should be used for the psychocorrection and rehabilitation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0133

Humiliation, emotional experiences and emotion regulation processes in adolescents

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Background and aims.– Humiliation is an emotion linked to suffering, leading to isolation and causing a harmful impact. This emotion may be related to other relevant concepts such as negative emotional experiences and emotion regulation processes.
Objective.– Explore the association between humiliation, shame, bullying experiences and self-compassion in adolescence. Investigate gender differences, and age effect. Compare the study variables in participants attending public schools and the ones in foster care. Analyse the set of variables that predicts humiliation.

Methods.– The sample included 200 adolescents (91 boys and 109 girls, including 49 girls in foster care and 151 in public schools) with ages between 12 and 18 years old. Participants completed the Peer Relationships Questionnaire (PRQ), Humilation Inventory (HI), Others as Shamer (OAS) and Compassion Attributes and Actions Scales (CAAS).
Results.– Girls showed higher scores regarding humiliation and shame, as well as compassionate attributes and actions. Age was positively associated with humiliation. Participants in foster care revealed significantly higher scores in humiliation, shame, predisposition to provoke others and propensity to be victimized. They presented lower scores in compassion for others. Humiliation was positively associated with shame and tendency to being victimized. It showed a negative association with self-compassion actions. The humiliation predictor model included shame and the tendency to be victimized, explaining 63% of variance.
Conclusions.– A better understanding of humiliation and shame is presented, showing how these may be associated with interpersonal experiences. Particularly in adolescents in foster care it is relevant to address these variables in order to design psychological interventions that minimize their harmful impact.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0134

Somatic complaints in parents of children with somatization: is there a relationship?

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Background and aims.– Medically unexplained symptoms are frequently reported in psychiatric clinical samples of children and adolescents. What somatic symptoms are found in parents of children who somatize?
Objectives.– To explore somatic complaints in parents of somatizing children and adolescents and factors conditioning their relationship.
Methods.– Retrospective cross-sectional study on Tunisian children and adolescents with a negative somatic workup, referred for emotional or behavioral problems and their parents. Child somatization was explored via child and parent reports using the Children's Somatization Inventory (CSI-24). Parental somatic complaints were explored using the Patient Health Questionnaire 15 (PHQ15).
Results.– Ninety-six patients were recruited accompanied with their fathers in 13,5% of cases and their mothers in 86,5% of cases. Their average age was of 10,7 years with a sex ratio of 1,2. Patients were diagnosed mainly with depressive disorders (46,9%) and anxiety disorders (16,7%). Mean score on the CSI-Child report was 40,9. It was significantly correlated with parents' reports ($p = 0{,}000$). Parents were classified according to PHQ15 scores into moderate somatization disorder (77,1%) and severe somatization disorder (22,9%). Children scored significantly higher on CSI-24 in this latter group (mean: 51,6 vs 37,8; $p = 0{,}008$). When comparing the occurrence of each somatic symptom jointly in children and parents, headaches and limb pain were more prevalent in children when they were experienced by their parents (respectively $p = 0{,}023$, $P = 0{,}017$) but not abdominal, back or chest pains.
Conclusions.– Parental somatic complaints can influence the frequency and type of childrens' somatization. The degree of this influence is dependent on many factors including severity of parental somatization.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0135

Impact of cognitive remediation therapy on executive functions in children with specific learning disorders: about a pilot Tunisian experience

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Background and aims.– Specific learning disorders would be due to a dysfunction of the executive functions. The objectives of our study were to assess the contribution of cognitive remediation therapy (CRT) in the management of children with specific learning disorders compared to a control group.
Methods.– This is a prospective, descriptive, case-control experimental study that included 27 patients followed for specific learning disorders. They were recruited from school and clinical populations. They were divided into two groups : A first group of 17 patients included in CRT program and a second group of 11 patients placed on the waiting list and having received the usual care. We assessed intelligence, cognitive flexibility, memory, inhibition, and planning.
Results.– The average age of these children was 11.17 years old. After an average duration of 7.27 months, we noticed a significant improvement in group 1 compared to the control group in this following cognitive functions : intelligence ($p = 0.004$) versus ($p = 0.105$), cognitive flexibility assessed by semantic verbal fluency tests ($p = 0.046$) ($p = 0.045$) and phonemic verbal fluency test ($p = 0.035$) versus ($p = 0.919$) ($p = 0.306$) ($p = 0.084$), inhibition assessed by the Hayling test ($p = 0.026$) versus ($p = 0.593$), planning evaluated by the RCF ($p = 0.003$) ($p = 0.000$) versus ($p = 0.533$) ($p = 0.182$).
Conclusions.– This pilot study shows that CRT is an effective therapeutic alternative to improve the different executive deficit functions in children followed for specific learning disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0136

Suicide in maori youth – reflections on the aetiology and evolving management responses

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Background and aims.–
Introduction.– This is an overview of the title subject, which explores its complex problematic in Maori youth. It discusses management at a local and national level, referencing the author's experience within the New Zealand Mental Health Service.
Objectives.– To assess the extent, aetiology and societal and cultural factors which account for New Zealand having the highest rates of youth suicide within OECD countries, in which Maori Youth are disproportionately over-represented to an alarming degree.
Methods.– Review of current literature, data analysis of media reporting, review of national and local initiatives in New Zealand and the author's experience.
Results.– The results confirm increasing suicide rates and the critical influence of societal and cultural determinants. These include a complex of factors which include: a macho culture, child poverty, parental unemployment, domestic violence, teenage pregnancy and school bullying. The development of creative management

strategies are outlined, describing how they are constrained by overstretched human and other resources.
Conclusions.– Suicide within the selected population is increasing. It is complex in its aetiology and effective management is resource constrained. It is now a politically charged subject within New Zealand's parliament.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0137

Gastrointestinal symptoms in children with autism spectrum disorders and correlation with autism functionality and severity: a case-control study

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Background and aims.– Gastrointestinal (GI) dysfunctions have often been reported in children with Autism Spectrum Disorders (ASD) and are recently recognized as a comorbid condition.
We aimed to assess potential association between GI disorders and ASD functionality and severity.
Methods.– We conducted a Lebanese multicentric ($n = 13$) case-control study (142 ASD children versus 124 age-matched healthy children) to identify whether GI dysfunctions could be correlated with ASD. We then aimed at assessing if these GI disorders could be associated with functionality and severity in the group of ASD children. GI symptoms were assessed using the Gastrointestinal Symptoms Rating Scale (GSRS) and problem behaviors were assessed using the Arabic validated version of the Childhood Autism Rating Scale (CARS). The local ethical committee approved the study and all parents gave their written consent (Reference: USJ-2016-84).
Results.– GI disturbances were more frequently reported in ASD children (76%) compared to healthy controls (15%). The results of the bivariate analysis showed a significantly higher mean GSRS score in ASD children (score = 2.58) compared to healthy ones (score = 1.51; $p < 0.001$). When evaluating the functionality of ASD children, the analysis showed no significant correlation between the GSRS score and the functionality ($p = 0.697$). However, a significantly higher mean GSRS score was found in children with severe autism (score = 2.84) compared to those with moderate (score = 2.37; $p = 0.018$) and mild autism (score = 1.74; $p = 0.007$).
Conclusions.– Our results indicate that autism symptoms may derive, at least in part, from underlying GI problems. This emerging evidence could speed up diagnosis and treatment initiation and ultimately improve the quality of life of ASD children.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0138

Secretory IGA levels in the stool of children with autism spectrum disorder: a case-control study

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Background and aims.– Gastrointestinal (GI) disturbances, commonly reported in children with Autism Spectrum Disorder (ASD), have previously been associated with dysbiosis of the gut microbiota.
Considering the mutual interaction between the gut microbiota and the intestinal immune system, we investigated secretory Immunoglobuline A (sIgA) levels as an indicator to assess the mucosal immunity of ASD children.
Methods.– A Lebanese multicentric ($n = 13$) case-control study was conducted. Stool sIgA levels of 50 ASD children and 50 age-matched healthy children were measured using ELISA (Quick DNA™ Fecal/Soil Microbe Miniprep Kit, Zymo Research, California, USA). Risk factors including socio-demographic factors, medical history and environmental factors that can affect sIgA levels were also assessed.
Results.– Mean sIgA levels were significantly lower in ASD children (1493 μg/ml) compared to healthy ones (6370 μg/ml; $p < 0.001$). Results of the bivariate analysis showed that gender, presence of ASD, number of antibiotic treatment taken during the first three years of life, type of diet and severity of GI symptoms were significantly correlated to sIgA level ($p < 0.05$). Only the first three variables remained significantly associated to sIgA level in the multivariable analysis. Hence, male gender (Unstandardized Beta = −2355.85; $p = 0.026$), the presence of ASD (Unstandardized Beta = 2125.15; $p < 0.001$) and undergoing increased oral antibiotic treatment during childhood (Unstandardized Beta = −6121.7; $p = 0.029$) were associated with lower sIgA levels thus a reduced intestinal mucosal immunity.
Conclusions.– These findings may suggest the presence of an underlying immune function deficiency in ASD children. Further studies are warranted to determine whether sIgA can be used as a potential biomarker for ASD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0139

Study of some possible metabolic alterations among autistic male children with correlations to disease severity

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Background and aims.– The present study has been designed for undertaking and delineating some aspects of metabolic derangements that may occur in ASD.
Methods.–
Design.– Cross-sectional, hospital based study.
Patients and Methods.– 73 autistic male children have been recruited from the outpatients' psychiatric clinics of the Neuropsychiatric and Pediatric Departments of South Valley and

Assiut University Hospitals. Serum cholesterol and some its steroid hormones derivatives were measured using ELISA assay kits. Biochemical assessments of mitochondrial dysfunction, oxidative stress and heavy metals (mercury, lead and aluminium) were done. Mean ± SD was calculated for all measured values.
Results.– There were significant higher plasma lactate, serum pyruvate, lactate/pyruvate ratio, CK, PK, LDH and ammonia, with significant lower serum L-carnitine and urea levels among autistic children versus the controls, with $p < 0.05$ for all. Those were associated with significant higher blood heavy metals levels, serum total oxidant status, oxidative stress index with significant lower serum total antioxidant capacity, with $p < 0.05$ for all. There were significant lower serum total cholesterol, cortisol and estradiol with significant higher serum levels of DHEA and free testosterone among autistic children when compared with the controls, with $p < 0.05$ for all (figure 1).

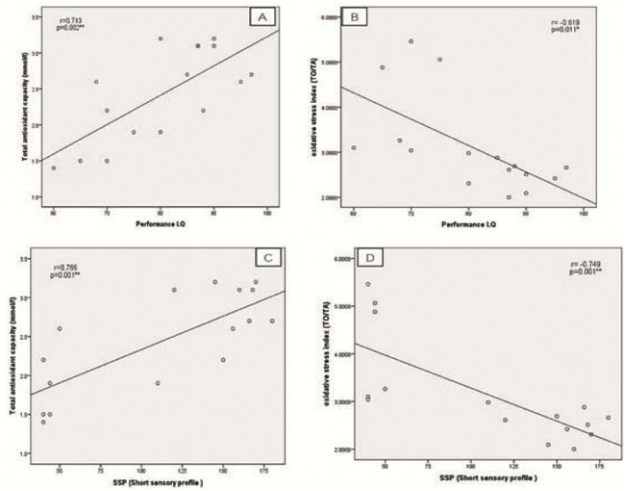


Figure 1. Correlations of oxidative stress with performance I.Q (A and B) and short sensory profile (C and D).

Conclusions.– Several metabolic abnormalities have been encountered among autistic children who could be helpful in establishing a medical protocol for therapy or at least improving the health status and quality of life of these children
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part II

E-PP0140

Initial neuroimaging findings from the adolescent brain cognitive development (ABCD) study

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Background and aims.–
Introduction.– Adolescence is characterized by substantial changes in physical and neurobiological development in which many symptoms of psychopathology first emerge. Understanding the numerous influences that impact on neurotypical development and how they relate to the risk for psychopathology motivated the ABCD study. ABCD is a multisite US study of almost 12,000 children aged 9 and 10 who are being followed for ten years with very rich, multimodal assessments including neuroimaging, genetics, family, social and psychological factors.
Objectives.– I will present initial findings on the task functional neuroimaging data acquired on the sample at baseline.
Methods.– All participants completed the same task battery including the STOP task (measuring executive functions through motor response inhibition), a Monetary Incentive Delay task (measuring reward processes through the anticipation and receipt of rewards and losses), and an Emotional N-Back task (measuring working memory through the maintenance of place and affective face stimuli).
Results.– Task activation of each task shows broadly similar activation patterns to what has been observed for these tasks in adolescent and adult studies. Critically, activation patterns show robust individual differences which bodes well for the ultimate goal of linking variation in brain function at a young age to subsequent developmental trajectories. The longitudinal data will reveal the extent to which this variation predicts important mental health outcomes.
Conclusions.– In addition to describing the study design and initial results, I will also describe the ABCD study's open science model wherein any investigator can have complete, free access to this very large dataset.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0141

Evaluation and validation of a program for children with asd in public child psychiatry

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Background and aims.– The integrative program in place in public child psychiatry in France is built on a shared theoretical and practical basis. It is formalized according to a certified methodology and is the subject of performance research. Children, most of whom are from families with low socio economic backgrounds received intensive day care programs. Interventions are defined and implemented following functional and psychopathological analysis. Programs are adapted to each individual child, tailoring integrative care while maintaining essential objectives toffee ASD developmental challenges. In order to better identify therapeutic results, we designed a clinical research to identify appropriate integrative interventions for very young children with ASD in a public health care setting according to the severity of their symptoms
Methods.– A multi-centric and prospective research over a one-year period, for 90 children between 3 and 6 years with a diagnosis ASD. The results are presented according to patient-profile severities. The main objectives of evolution was improvement of criteria from PEP-3.
Results.– Each child showed heightened skills after one year of integrative treatment. The most severe symptomatic situations highly benefited from this "customized" integrative treatment process. We will describe the details and highlight the originality of our treatment program.
Conclusions.– Il could be usefully to understand how tailored care could be implemented to larger groups of children with ASD, in order to address individual symptomatology. We believe more clinical research is needed with "hands-on" approach.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0142

Psychogenic movement disorders in child psychiatry: from diagnosis to treatment

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Background and aims.– Illustrate the clinical difficulties faced by the child psychiatrist with tics.
Methods.– Illustration by case reports then review of the literature by research carried out on the Pubmed and Sciencedirect databases using the following key words "movement disorders", "tic disorders", "child psychiatry", "Tourette syndrome", "Obsessive-Compulsive Disorder".
Results.– Case report 1: A F, 10 years old, followed up since he was 7 years old for school difficulties, depressive symptoms and Separation Anxiety Disorder. Family described him as an obsessive person. He presented since a year complex motor tics and vocal tics (anarchic general movements, coprolalia). Neurological explorations did not reveal any abnormalities. We diagnosed a Tourette syndrome and atypical antipsychotic was started with partial response.
Case report 2: A B, 9 years old, followed up for depressive symptoms (psychomotor instability, aggressive behaviors, school difficulties, chronic boredom), trichotillomania and familial robbery. He presented simple (blinking) and complex motor tics (circular lips movements) associated with contamination's obsessive ideations. We diagnosed Obsessive-Compulsive Disorder with Tic-related and treatment based on antidepressant and classic antipsychotic was prescribed.
Case report 3: M B, 14 years old, presented chronic vocal and motor tics (scraping of the throat, blinking, head shaking) evolving since 5 years. The symptoms were in conflict's situations with secondary benefits. After the absence of structural or electroencephalographic abnormality in neurological exam, we diagnosed a Conversion Disorder with abnormal movements and behavioral therapy was started with good evolution.
Conclusions.– Using illustrative case histories, this review draws attention to the practical difficulties in diagnosis and management of child movement disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0143

Parental mental health and quality of life of Tunisian children and adolescents with type 1 diabete: what's the link?

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Background and aims.– Measure the health related quality of life (QoL) among Tunisian children and adolescents with type 1 Melitus Diabetes (T1MD) and the impact the disease has on the family.
Methods.– A cross-sectional study was conducted involving 34 children aged 3–18 years with T1MD, diagnosed for at least 6 months and their parents during the outpatient exam since september 2018. Children QoL was assessed by PedQol 3.0 Diabetes Module containing five dimensions (Diabete, Treatment I, Treatment II, Worry, Communication); a higher score indicate lower problems. The glycemic control was assessed by the last HbA1c level. Parent's QoL was measured by PedQol 4.0 and we assessed their coping behaviors and thoughts with the Brief COPE and their depressive and anxiety symptoms with the Hospital Anxiety and Depression Scale (HADS).
Results.– Children mean QoL score was 79.97 ($\pm$14.7) and the Treatment I's dimension corresponded to the lower score (62.2 $\pm$ 25.3). Longer is the disease's evolution, worse was the level of HbA1C ($p = 0.03$). The parents mean QoL score was 69.87 ($\pm$16.4) and significantly correlated to children QoL ($p = 0.022$). Children QoL was positively correlated to planning strategy ($p = 0.071$) and positive reframing ($p = 0.01$) in parent's coping and negatively correlated to humor ($p = 0.013$). Higher scores at parent's depressive dimension were correlated to emotion focused coping ($p = 0.015$), behavioral disengagement ($p = 0.00$), self-blame ($p = 0.005$) and denial ($p = 0.021$). A higher score at anxiety dimension was correlated to planning ($p = 0.049$), emotion focused coping ($p = 0.001$) and self-blame ($p = 0.001$).
Conclusions.– These findings emphasize the importance of an interdisciplinary, biopsychosocial and family centered care approach to patients with T1MD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0144

Youth impulsivity in Southern Bulgaria

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Background and aims.– Impulsivity is a multi-faceted construct, including both functional and dysfunctional aspects on the basis of speed and accuracy of information processing, effectiveness of the decisions that were taken, and their positive or negative outcomes. The aim of this study was to investigate the prevalence of two types of impulsivity in youth.
Methods.– Functional and Dysfunctional types of impulsivity were studied among 458 students (age: 18 to 27) by means of a self-report paper-and-pencil questionnaire (Radoslavova & Velichkov, 2005).
Results.– Results indicated that Functional impulsivity was expressed more frequently in medium level (among 70.1% of the participants), but Dysfunctional impulsivity was reported mainly in high level (55.2%). The frequent high Dysfunctional impulsivity may mean more attention deficits in youth and difficulties in accuracy and precision of information processing that may result in life-threatening behaviours. Dysfunctional impulsivity was differentiated by the size and density of population in the place of living (Kruskall Wallis coefficient = 8.242; df = 2; $p = .016$).
Conclusions.– Dysfunctional impulsivity increased with the augmentation of the size of place of living, as well as with the augmentation of density of population of place of living. This finding reveals that the inhabitants of the more densily populated and big cities were more prone to make quick ineffective decisions, acting without thinking about the outcomes and this may imply more frequent antisocial and deviant behaviour and aggression in the more densily populated and big cities. Future research should further clarify if the above findings regarding impulsivity are similar in other cultural contexts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0145

Metabolic disturbances in adolescents admitted to a psychiatric day hospitalization unit

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Background and aims.– Psychiatric patients are known to have an increased risk of presenting metabolic disturbances, which is translated in the necessity their control and prevention. Few literature has been published about metabolic disturbances in young psychiatric population.
This study included a sample of the 48 patients who were above 12 years old and were admitted to our General Psychiatric Day Hospitalization Unit in 2016.
Body mass index (BMI), its variation after hospitalization and blood cholesterol levels are described.
The main objective in this study is to check if basic metabolic data are registered, describe them and find possible changes in BMI throughout hospitalization. This study is also focused on finding high-risk groups comparing treatment groups.
Methods.– Retrospective analysis of clinical records of patients who were between 12 and 17 years old and were admitted to our General Psychiatric Day Hospitalization Unit in 2016.
Results.– They were 43.8% women and 56.2% men and had a mean age of 14.9 years. The average of their cholesterol levels was 153.7 mg/dL, and BMI at the end of the follow-up was 25.4, with a mean increase of 1.4. Patients who did not receive antipsychotics had mean cholesterol levels of 164 mg/dL and a BMI of 28.5, and the other group had averages of 152.9 mg/dL and 25.0 respectively.
Conclusions.– The mean BMI at the end of follow-up was consistent with overweight, having increased during their hospitalization, which was not explained by antipsychotics.
It is crucial to implement a protocol to detect metabolic disturbances in young psychiatric population in order to prevent future morbidity.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0146

Worldwide overlook on the differences in child and adolescent psychiatry training program. Descriptive cross-sectional study based on early career pscyhiatrists' point of view

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Background and aims.– Diversity in the psychiatry training program can be hypothesized between countries worldwide. Nevertheless there is a lack of knowledge when further details about these differences are searched.
The main aim of the study is to disclose the differences regarding the CAP training program among different countries of different continents. The specific objectives: 1) The possibility to pursue a CAP training program as specialty differentiated from general psychiatry, 2) Total years of training, 3) The trainees' evaluation method.
Methods.– The European Federation of Psychiatry Trainees represents the consensus of trainee's associations across European countries and advocates for what training should look like regardless of the country. The CAP working group designed a cross sectional survey aimed towards early career psychiatrists disclosed online among different countries and continents since June 2018.
Results.– More than 500 respondents from more than 50 countries were obtained. According to the results, a vast majority of trainees are able to pursue a CAP training as a specialty itself in their own country. The total length of the training program rangs between 4 and 5 years. Around 80% of the respondents states to have a final mandatory exam in order to qualify as psychiatrist.
Conclusions.– Major differences can be found across different countries worldwide. CAP training is separated in the majority of countries regardless Spain, Moldova and Georgia. Ireland has a training program of 6 years if duration in comparison to 2 years in Ucraina, Azerbaijan and Russia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0148

Current status and future perspectives for child and adolescent psychiatry in Mexico

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Background and aims.– We will provide an update on advances in children's mental health care in Mexico and the current data on the number and geographic location of child and adolescent psychiatrists (CAPs) in Mexico in order to know if mental health needs of the country are being met.
Methods.– Using a descriptive and cross-sectional study, we examine how the current children's mental health system operates in Mexico, including recent changes in mental healthcare policy and the need of a national mental health plan for children and adolescents that should be well-integrated with the existing national health and mental health plans. Several sources available in Mexico were consulted to locate CAP and to identify where and what kind of practice they have.
Results.– Prevalence rates of child mental disorders are up in Mexico to twice as high as the U.S. and Canadian rates. Child and adolescent mental health services in Mexico are delivered through an underfunded, underresourced, and uncoordinated network of institutional providers isolated from the larger health care system. There are only 234 CAPs in Mexico, or 0.62 CAP per 100,000 children, 56%practiced in Mexico City. There are 1.8male CAPs for every female CAP. Only 40% are certified by the specialty board.
Conclusions.– Future perspectives for the field are discussed in terms of funding, research priorities, and research resources. The number of CAPs in Mexico seems to be insufficient to cover the needs of the country. Building a society that guarantees the right to mental health, adequate treatment, and rehabilitation are part of our present challenges.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0149

The relationship of anxiety disorders and asthma: is there specificity for separation anxiety in psychiatrically hospitalized youth?

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Background and aims.– Asthma is highly co-morbid with anxiety disorders (x2.7) especially panic disorder, obesity (x2) and allergic conditions. However, the type of anxiety disorder has not been elucidated. In particular it is of interest to explore the relationship between separation anxiety disorder-a precursor of panic disorder-and asthma due to breathing symptoms overlap and suggestion of a common causal mechanism.
Objective.– To explore the association between anxiety disorders [social phobia (SoP), generalized anxiety disorder (GAD), and separation anxiety disorder (SAD)] and asthma in a large pediatric inpatient psychiatry sample.
Methods.– Medical record data from 626 participants ages 5–17 years from a youth psychiatric inpatient service (Jan 2010-Jun 2014) included asthma diagnosis, type of anxiety disorder, sex, age, race, and estimated median household income. Frequency tables for anxiety, asthma, and other variables were subjected to chi-square tests.
Results.– Of 626 youth inpatients, 135 had asthma (22%), while 78 had GAD (12%), 38 had SoP (6.1%), and 39 had SAD (6.2%). Asthma was not associated with GAD (chi2 = 0.0028; $p = 0.958$), SoP (chi2 = 0.2365; $p = 0.627$), but was marginally associated with SAD (chi2 = 3.4051 $p = 0.065$). Asthma was also not associated with presence of having any anxiety disorder (chi2 = 1.415; $p = 0.234$). However, when stratified by race (black/white) or sex (male/female), SAD was significantly associated with asthma (chi2 = 4.3676; $p = 0.037$) in females, and more strongly in black females (chi2 = 5.5205; $p = 0.019$).
Conclusions.– Asthma is specifically associated with SAD-a precursor of panic disorder-in this youth psychiatric inpatient cohort, but not SoP or GAD. Given the relationship between SAD, panic disorder and asthma, a common causal mechanism merits further study.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0154

Hearing loss and autism spectrum disorder comorbidity: challenges for an early diagnosis. case report and literature review

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Background and aims.– Among deaf or hard of hearing (D/HH) children, Autism Spectrum Disorder (ASD) comorbidity occurs at least at similar rates than hearing children. ASD diagnosis can be delayed due to some symptoms overlap. There is a lack of validated screening and assessment tools for this specific population. This complicates early intervention, associated with better outcomes. A case of a 16 years old male dually diagnosed is described.
Aims.– To discuss the D/HH and ASD comorbidity and its differential diagnosis through a clinical case report and literature review.
Methods.– Clinical evaluation of the patient and literature research.
Results.– Case report: 16 years old, male. During the first trimester of pregnancy he was transmitted rubella. At age one he was diagnosed with bilateral profound hearing loss, but hearing aids were not available. He presented an abnormal communication pattern and restricted behaviours and received autism diagnosis at age six. Overlapping symptoms between D/HH and ASD lie mainly on communication domain. Differences exist as deafness associates language delays instead of an atypical development. Less commonly, socialization difficulties and repetitive behaviours such as sterotyped movements also appear in D/HH resembling other autism symptoms. Several non validated tools have been used for autism screening in this population, such as ABC or BISCUIT, showing a good capability for differentiating D/HH alone or with autism.
Conclusions.– Core autism symptoms should not be attributed to D/HH. Collaboration between professionals is mandatory. Early identification of dual patients is necessary for better outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0155

Evaluation of hyperprolactinemia and its relation with pubertal development in children and adolescents on second-generation anti-psychotics. One year prospective study

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Background and aims.– Hyperprolactinemia is a common adverse effect in patients receiving antipsychotics (AP), specially amongst females. Data on the influence of pubertal development in hyperprolactinemia is scarce. Our aim is to evaluate the effect of sex and Tanner stage (TS) in serum prolactine levels in a sample of children and adolescents on AP.
Methods.– Children or adolescents AP naïve or quasi naïve (<30 days on AP) were included in a multicentric longitudinal study. Patients were on the same single AP during the follow-up. TS and prolactine levels were measured at baseline, at 3, 6 and 12 months. Multilevel mixed-effects linear regression models, where group, baseline prolactine levels and time were included as fixed effect and individual as random effect. The interaction sex by TS, age and equivalent doses were also added as covariates when achieving significance level.
Results.– 216 patients were induded. At baseline, patients (age:14.6 ± 3.4 years; 60.2% male) were on risperidone ($N = 143$), olanzapine ($N = 37$), or quetiapine ($N = 36$); and 145 had at least

one prolactine level determination at follow-up. There were no differences in the puberal status distribution at baseline ($p = .66$), but asignificant interaction between sex x TS was found ($p = .016$), showing that females at higher stage of pubertal development when the AP was firstly introduced presented higher prolactine levels compare to males. There was also a signifcant group effect ($p = .0001$), with risperidone group presenting higher levels.
Conclusions.– Females at higher pubertal development when starting AP showed an incresed risk of presenting higher prolactine levels during follow-up. Further studies are required to replicate these findings.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0156

Psychiatric morbidity among the patient of first ever ischaemic stroke

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Background and aims.– Stroke affects not only physical but also emotional,psychological, cognitive, and social aspects of patients. To evaluate psychiatric morbidity among the patientsof first ever ischemic stroke.
Methods.– A cross sectional comparative study was carried outin the Department of Psychiatry, Sylhet MAG Osmani Medical CollegeHospital, Bangladesh from July 2013 to June 2014. Sixty six ischaemic strokepatients of first attack aged above 18 years (case) and 66 healthy peoplewithout any kind of stroke (control) matching age and sex were included. Ischaemic stroke was diagnosed by reviewing history, clinical examinationand accompanying reports of CT scan of brain. Psychiatric assessment wasdone using General Health Questionnaire (GHQ12) and positive cases wereevaluated using mental state examination. A psychiatric disorder wasconfirmed by psychiatrist using DSM-5 criteria.
Results.– The patient of ischaemic stroke and control subjects were similar inage (57.6 ± 5.5 versus 57.1 ± 4.5 years; $p = 0.130$] and sex (72.7% maleversus 68.2% male; $p = 0.567$). Psychiatric disorder was found significantlyhigher in ischaemic stroke group compared to controls (34.8% versus 13.6%; $p = 0.004$). Psychiatric disorders were generalized anxiety disorder (13.6%) and major depressive disorder (21.2%) in stroke group; while generalizedanxiety disorder (3.0%) and major depressive disorder (10.6%) in controls ($p = 0.013$).
Conclusions.– Conclusion: Psychiatric disorders are more frequent among patients with firstever ischaemic. Therefore attention should be paidto the anxiety and depressive symptoms in stroke unit and try to relieve the patient emotional stress and personal suffering, which could improve their neurological outcome.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part III

E-PP0157

Seeking for social support, self-blame and self-reported psychopathology symptoms among adolescents

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Background and aims.– The present study investigated how potentially modifiable factors – coping strategies – are associated with depression and anxiety symptoms among adolescents.
Methods.– Participants ($N = 102$, 53 males, from 13 to 15 years old, $M_{age} = 13.86$) reported using various coping strategies (The Bern Coping Forms; Heim, Valach, 1996), anxiety and depression symptoms (CDI; Kovacs, 2001).
Results.– Coping strategies explained a significant proportion of variance in general anxiety ($R^2 = .18$, $F(5, 96) = 5.44$, $p < .001$). Seeking for social support and self-blame were both positively associated with anxiety ($b = .28$, $t = 2.87$, $p = .005$; $b = .284$, $t = 2.53$, $p = .013$). Coping strategies also explained a significant proportion of variance in general depression ($R^2 = .20$, $F(5, 96) = 5.99$, $p < .001$). Self-blame was positively associated with depression ($b = .415$, $t = 3.73$, $p < .001$).
Conclusions.– In line with previous findings, the study confirms that putting the blame of negative experiences on oneself is related to reporting anxiety and depression symptoms among adolescents (Garnefski et al., 2002). However, contrary to previous findings, the study found that seeking for social support is positively associated with higher reported anxiety symptoms. This result highlights an importance to investigate factors related to inconsistencies in associations between seeking for social support and anxiety (Velez et al., 2016). Overall, the study indicated that self-blame and seeking for social support are positively associated with self-reported anxiety and depression symptoms among adolescents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0158

Total screening of the risk of developing mental illness of young children in primary health care in Russia (data 2017)

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Background and aims.– The Ministry of Health of the Russian Federation introduced the second stage of the pilot project – the total screening of children 18–48 months of the general population. The screening is focused on early detection of children from the risk group for the occurrence of mental and behavioral disorders.
Methods.– The study was conducted in two levels.
Level I – the survey was conducted by the total screening in primary health care facilities in the nine largest regions of Russia.
Level II – consultation by a psychiatrist (clinical diagnosis of ICD-10).
Results.– In 2017, 329424 parents of children aged 18–48 months of life were questioned. According to preliminary data, the risk group for the occurrence of psychopathology was 51325 children (155:1000). This condition can last for several years and, over time, become either a disease or practical health. Some children at risk of mental illness were consulted by a psychiatrist (23,158 cases) on a voluntary basis. In 3585 children (11:1000), clinical disorders qualified by ICD-10 were revealed. The distribution of patients by nosological groups is given in table 1.

Table 1. The distribution of mental and behavioural disorders in children of 1.5–4 age in Russia (data 2017)

The Distribution of Mental and Behavioral Disorders in Children of 1.5-4 age in Russia (data 2017)		
ICD-10 diagnostic codes		Patients (%) N = 3585
Mental retardation	F70–F79	6,45
Disorders of psychological development	F80–83 Specific developmental disorders of speech and language, of scholastic skills, of motor function	60,06
	F84.0–F84.8 Autism spectrum disorder	16,68
Behavioral and emotional disorders with onset usually occurring in childhood and adolescence	F90–F98	16,77
Schizophrenia, childhood type. This code is available in the USSR's adapted version of the ICD-9 (299.91) and in the Russian adapted version of the ICD-10 (F20.8xx3) (1994, 1999).	F20.8xx3	0,06

Conclusions.– As the study showed, with an increase in the age coverage of children in the general population, the risk group increased, and the detection of clinically pronounced mental disorders increased. For example, the incidence of ASD in children under 2 years was 0.5:1000 (data 2016), and in children under 4 years old it was 1.8:1000. Children at risk (155:1000), have a soft predisposition of mental pathology, they need comprehensive preventive measures to improve mental health.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0159

Language difficulties in childhood

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Background and aims.– The language code develops harmoniously in a context of necessary conditions: adjusted affective interactions, bath of language, preserved audition and intelligence, normal neurological development and harmonious psychic development. The objective of this study was to identify early language difficulties in children aged between 3 years and 3 years 9 months and to study the personal and environmental factors associated with them.
Methods.– It is a cross-sectional, descriptive and analytical study with 165 children integrated into kindergartens in the city of Sfax (tunisia). The survey was conducted through Claude Chevrie Muller's Language and Behavior Questionnaire (QLC-3.5), translated into Arabic for teachers; and an information sheet for parents.
Results.– 13.4% of children have probable or certain language and motor difficulties. The prevalence of expressive and / or comprehensive language difficulties is 16.4%. The prevalence of motor / attention difficulties and behavioral difficulties associated with language difficulties were 59.3% and 48.1%, respectively. Among the factors correlated with expressive and / or comprehensive language difficulties were : premature delivery, neonatal resuscitation, neonatal hospitalization, the presence of personal or family history of delayed oral language; and environmental factors such as low socio-economic status, mother's low level of education, postnatal depression, the undesirability of pregnancy, the presence of family problems, and the poverty of language stimulation.
Conclusions.– The results of this study confirm the high prevalence of language and behavioral difficulties early in life, and suggest the entanglement of environmental and biological factors in the genesis of these difficulties.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0160

Polyvictimization and psychopathology in a sample of abused children in Greece

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Background and aims.– The "House of the Child" (HoC) is a therapeutic center operated by the NGO "The Smile of the Child" in Greece which is providing comprehensive long-term treatment to child abuse and neglect victims. The HoC throughout its 3 years of operation has provided services by specialties such as child and adolescent psychiatry, clinical psychology, social work, speech and language and occupational therapy and pedagogy to 455 children victims of abuse or neglect currently either living in the community or in residential and alternative care settings.
Methods.– Children which have survived child abuse or neglect were referred to the HoC for various psychopathological symptoms. In a selected sample of these children receiving therapy currently living in residential care a study was conducted by delivering the Juvenile Victimization Questionnaire (Finkelhor, Hamby, Ormrod, & Turner, 2005) and the Child Behavior Checklist for ages between 6–18 (Achenbach, Dumenci, & Rescorla, 2001) and a statistical test was run for checking correlation between polyvictimization and certain features of psychopathology.
Results.– Analysis of results showed that polyvictimization had a moderate positive correlation with Achenbach's items impulsivity and disobedience, cruelty to others as well as preferring relationships with younger age children; while it was also correlated negatively with exhibiting ticks, speaking too much and reporting wired ideas.
Conclusions.– Our results highlight the importance of studying these highly victimized samples, since it is not only the presence of multiple victimization experiences but the degree of polyvictimization that contributes to the severity of rule-breaking behavior and aggressive behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0163

Dynamics of arbitrary memory in children and adolescents with schizophrenia on treatment process

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Background and aims.–
Introduction.– Memory as cognitive function is affected in young patients with schizophrenia. Investigation of impairment of cognitive functioning and its developmental ability in such patients during pharmacological treatment demands follow-up assessment.

Objectives.– To assess dynamics of arbitrary memory in longitudinal study of children and adolescents with schizophrenia between two points (soon after hospitalization and before discharge) and its relation to clinical factors (diagnosis, age of onset, duration of illness).
Methods.– 71 patients (53 males) with schizophrenia spectrum disorder (F21, F20.8) were included to study. Mean age was 12.3 ± 2.8 years. Patients were assessed twice during hospitalization in child psychiatric clinic of MHRC: soon after admission and before discharge. Average interval between these points was 33.2 days. Memory was assessed with experimental pathopsychological methods (10 words, Paired Associations).
Results.– Paired comparison for all patients didn't reveal significant changes in memory level, neither as groups divided by age or sex did. Level of deferred memory in patients with F20.8 significantly decreased and significantly increased in patients with F21. There was difference between patients with F20.8 and F21 in relation of efficacy of memory with duration of interval: efficacy of memory in patients with F20.8 was lower in second point if duration of treatment exceed 30 days and conversely in patients with F21. Relation with duration of illness was revealed.
Conclusions.– Clinical factors (diagnosis, treatment duration) can moderate the level of memory in children and adolescents with schizophrenia. Recommendations for psychiatrist are developed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0165

Examining factors associated with problematic internet use among youth – a cross-sectional study

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Background and aims.– Tools of modern technology especially the Internet has become essential part of the life of new generations during the past years. Besides many benefits (e.g., immediacy, anonymity, limitlessness), there are serious social and health consequences, such as behavioral addictions, sleeping disorders, physical symptoms like visual impairment or depression. We aimed to detect psychological factors that can be present in the background of problematic Internet use (PIU) in a sample of Hungarian youth. In recognition of these data, we would like to develop an effective prevention program for young people.
Methods.– Our sample consisted of 249 youth (mean age: 22.04 years; 62.2% females). Data were collected via Internet using a self-reported online questionnaire. It included demographic data, questions about online time, and the Hungarian versions of seven scales about PIU, boredom, flow, resilience, self-control, self-esteem and sensation seeking. Regression analysis was conducted to explain the nature of the correlations between PIU and the above-mentioned factors.
Results.– We found that 6% of the participants are problematic users. Linear regression showed that the hours spending online on weekends ($\beta = 1.343$, $p < .001$), self-control ($\beta = -.344$, $p < .001$), resilience ($\beta = -.285$, $p < .001$), boredom ($\beta = .080$, $p < .001$) and age ($\beta = -.340$, $p < .001$) are important factors in the background of PIU, while gender does not play a role.
Conclusions.– Our results confirm previous findings that intensive use of Internet may contribute to PIU. Strengthening and developing psychological skills like self-control, resilience and finding exciting activities seem to be cardinal points in prevention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part IV

E-PP0166

Prevalence of suicide behaviours in adolescents with autism

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Background and aims.– A systematic review of the literature on the prevalence of suicidal phenomena in adolescents found that the mean proportion of adolescents reporting having attempted suicide was 9.7%, whilst 29.9% of adolescents said they had thought about suicide at some point [2,3]. The aim of this study is to analyze the clinical features in patients with autism spectrum Disorder who were admitted in our inpatient unit because suicidal attempts and ideation.
Methods.– An observational, descriptive, retrospective study was conducted. 15 patients were recruited during the period of four years (2014- 2018). The age average was 16,2 years old. The diagnoses were made with the ADOS-2.
Results.– The majority of participants were male (80,1%) and the 63,9% took psychiatric medication (73,4% antipsychotics, 15,2% antidepressants and the 11,4% benzodiacepines). The 8,2% of the patients had two admission or more in our unit. The 35,2% of the admission was for self harm and the 15,7% the admission were only for suicidal ideation. The 0,7% had relatives who committed suicide and 25,6% had a close person who had suicidal ideation, most of them were friends. Most patients with suicidal behavior or ideation also had a comorbid diagnosis of depression and anxiety. The 72,9% of the diagnosis were high functioning Autism.
Conclusions.– Result suggest than suicidal ideation is common in adolescent with and ASD. The main principal feature was anxiety and depression and difficulties in interpersonal relationships. Most of this depression and anxiety symptoms were related with interpersonal difficulties especially in teenagers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0167

Admissions analysis during a year in an adolescent and childhood unit

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Background and aims.– A wide variety of studies from different countries have emphasised the increasing number of childhood and adolescent emergencies between the years. The principal diagnoses are: Disruptive Behaviour Disorder, Anxiety Disorder and Adaptive disorders.
Methods.– An observational, descriptive, retrospective study was conducted. 243 patients were recruited during the period of one year (2017). All patients were under 18 years of age.
Results.– 56,8% of the 243 patients were women, the age average was 25,08 (standard deviation, SD, 1,62). The patients were admitted for 14,62 days (SD 10,82). The 33,3% of the patients came from our area despite that 34,6% came from other areas. The rates of re-admission were 34,6%. At the moment of admission, the more frequent diagnoses were: Disruptive Behaviour Disorder (32,5%), Suicidal Ideation (18,9%). After the admission, the discharge diag-

nosis was: Depressive Disorder (32,5%) and Disruptive Behaviour Disorder (17,3%). Both diagnoses differ in 58% of the patients.
Conclusions.– The rates of admissions per sex and diagnosis and the average age scores were similar compared to previous studies. The lack of external and ambulatory resources will be one of the reasons because children and adolescents with Disruptive Behaviour Diagnosis have more admissions in comparison with other diagnosis. Improving social resources and other sanitary resources such as Child and Adolescent Child Day Hospital, will change this pattern and admissions will decrease. Moreover, intensive therapy with these patients will also decrease the number of admissions due to suicidal ideation because both diagnoses have high comorbidity.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0168

The bidirectional association between sleep problems and anxiety symptoms in adolescents: a trails report

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Background and aims.– Sleep problems and anxiety symptoms considerably increase during adolescence. Previous studies found a bidirectional association between sleep problems and anxiety symptoms, but did not distinguish differences between persons from differences within persons. This could have led to erroneous conclusions regarding underlying causal mechanisms. We aimed to investigate the bidirectional association between sleep problems and anxiety symptoms during adolescence and young adulthood while differentiating between between-person effects and within-person effects.
Methods.– We used data from TRacking Adolescents' Individual Lives Survey, a prospective cohort study including six waves of data spanning 15 years. Participants included 2230 Dutch young adolescents (mean age at baseline 11.1 years; SD 0.5,), who were assessed every 2 to 3 years up until young adulthood (mean age 25.6 years, SD 0.6). Sleep problems and anxiety symptoms were measured by self-report questionnaires. Bidirectional temporal associations between sleep and anxiety were tested using a Random Intercept Cross-Lagged Panel Model.
Results.– Study participants who reported sleep problems were significantly more likely to report elevated anxiety than those who did not report sleep problems ($\beta = 0.58$, $p < .001$). Also at the within-person level, sleep problems and anxiety were cross-sectionally associated at all waves ($\beta = 0.014–0.018$, $p < .001$). In addition, poor sleep predicted greater anxiety symptoms after 2 years at the within-person level at some assessments waves, but the reverse association was not statistically significant.
Conclusions.– These findings tentatively suggest that adolescent sleep problems may precede anxiety symptoms, and so that anxiety might be prevented by alleviating sleep problems.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0169

Learned resourcefulness, perceived stress levels and related factors in high school students

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Background and aims.– In order to solve the identity crisis experienced by adolescents, it is important to recognize the sources of stress, the resources of coping, social support and self-regulation.
Aim.– The aim of this study was to investigate the learned resourcefulness levels and its relationship with perceived stress and some socio-demographic factors in high school students.
Methods.– This descriptive and correlational study was conducted in a Anadolu High School in Istanbul in 2016–2017. Study sample consisted of 343 females and 89 male students (total 434) who were attending to the School that year. Data were collected by using "Personal Information Form", "Rosenbaum Learned Resourcefulness Scale" and "Perceived Stress Scale". ANOVA, t-tests, Pearson correlation and linear regression analysis were performed to compare the groups and variables.
Results.– There was a weak but statistically significant correlation between the student's learned resourcefulness (LR) and perceived stress levels ($p < 0.05$). There was no significant relationship between learned resourcefulness scores and age, gender of students and parents related factors. However the 9th grade students have had significantly higher LR scores and lower stress scores. There was significant difference between perceived stress levels and age, gender and grades of students. While learned resourcefulness scores increased, stress level, irritability and self efficiency scores were decreased.
Conclusions.– Age, grades and parents features had no effect on the learned resourcefulness of students, however there was a strong negative relationship between LR and perceived stress. Thus, trying to increase the LR level may help to prevent higher stress in adolescents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0174

The phenomenological diagnostic scale of addiction from a personal computer, the internet and mobile devices

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Background and aims.– Dependence on a personal computer, Internet and mobile devices has become one of the most urgent problems of modern addictology in recent years.
Methods.– The empirical base of the study consisted of 220 minors aged 9 to 17 years (133 boys and 97 girls) who applied for psychotherapeutic help in 2013–2017 and found signs of Internet-dependent behavior. The analysis of their clinical data allowed to develop a "Scale of evaluation of dependence on the personal computer, the Internet and mobile devices providing access to it" (phenomenological questionnaire).
Results.– The use of the scale makes it possible to identify the first signs of the addiction at an early stage. These are persistent thoughts about the need to resort to network activity (observed in 70% of respondents 18 months before seeking medical care) and the choice of an electronic device in the presence of no less attractive alternative (observed in 50% of respondents 18 months before seeking medical care) (phenomena of pathological attraction). Also, the

use of the scale allowed to identify signs of aggravation of symptoms observed 15–16 months before the formation of a complete clinical picture of the dependence that causes the appeal for help – stretching the child's time spent at the computer (up to 70% of respondents) and expressed "processing" of self-limited time (60% of respondents)(phenomena of loss of control).
Conclusions.– The identification of these phenomena in the preclinical stages of the addiction makes it possible to carry out prevention in time and greatly facilitates therapy, allows limiting psychotherapeutic intervention
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0175

Family anxiety, attachment and neuroendocrine biomarkers in obese children

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Background and aims.– The quality of the relationship between a child and his primary caregiver affects the child's emotion regulation and stress response. Extreme stress responses associate with dysregulation of physiologic systems involved in emotion and energy balance, which could be associated with emotional and/or behavioural disorders, and obesity. If research confirms associations between quality of mothering and neuroendocrine biomarkers, then mental health and obesity, prevention interventions might emphasize on the quality of maternal–child relationships.
Aims.– Identify associations between anxiety, depression and neuroendocrine biomarkers in obese children, exploring attachment and family functioning as intermediary variables.
Methods.– A convenience sample of 104 obese children, mean age 10.9 years, was recruited at a childhood obesity clinic of a tertiary hospital in Lisbon. Neuroendocrine biomarkers were measured. Symptoms of anxiety and depression, attachment strategies and family functioning were assessed.
Results.– A significant, negative correlation ($rs = -0.78$; $p = 0.003$) between cortisol in obese girls and their mothers' anxiety symptoms was found, limited to high functioning families. Obese boys scored significantly higher than girls on mother-reported internalizing symptoms but not on self-report. Type A, avoidant attachment strategies, had significant negative association with cortisol levels (β-estimate = −0.015(95%CI: −0.028 to −0.001; $p = 0.036$).
Conclusions.– These findings suggest that processes involved in development of the Type A attachment strategy may affect the regulatory mechanisms of the stress axis. In obese children, different attachment strategies are associated with diverse metabolic profiles. Family functioning, parental mental state and child's gender, should be considered when investigating neuroendocrine biomarkers in obese children associated with anxiety and depression in the family.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0176

Negative symptoms in children and adolescents at clinical high risk for psychosis: a factorial analysis study

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Background and aims.– Recent years have seen an increase in clinical efforts towards detection and intervention in the individuals at Clinical High Risk (CHR) for psychosis. In CHR adults the prevalence of negative symptoms is high of which social isolation and reduced motivation are most frequently reported. There are no studies in which the prevalence and above all the factorial structure of the negative symptoms have been examined in children and adolescents CHR.
The aims of this study are twofold: the first was to determine the prevalence of negative symptoms and explore their factor structure as measured by the Structured Interview for Prodromal Syndromes (SIPS/SOPS); the second was to evaluate the correlations between factors extracted from negative items and functioning.
Methods.– 71 CHR, aged between 9–17 years, were included in the study. All participants were assessed with SIPS/SOPS.
Results.– All participants (100%) had a score at moderate severity or above on at least one negative symptom of SIPS/SOPS. Social Anhedonia/ Withdrawal was the most frequent negative symptom in our sample. The exploratory principal factor analysis (PCA) indicated a two-factor solution explaining 69.42% of total variance in the whole sample. Two factors were labeled "Expressive Deficit" and "Anhedonia-Avolition". In addition, "Anhedonia -Avolition" factor was associated with functioning score.
Conclusions.– This is the first study of prevalence and factorial structure of negative symptoms in children and adolescents CHR. Negative symptoms are frequent in this clinical population and need specific treatments. Our data replicate the actual model of negative symptoms in schizophrenia and CHR adult populations.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0177

Association of 5-HT2A receptor gene polymorphisms with gastrointestinal disorders in egyptian children with autistic disorder

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Background and aims.– Gastrointestinal disturbances (GID) are frequently reported in children with autism spectrum disorders (ASD). Recently, mounting evidence suggests that there may be a genetic link for autism with gastrointestinal disturbances. We aimed to investigate whether there were any association between the -1438A/G, 102T/C and His452Tyr polymorphisms of the serotonin 2A receptor gene (5-HT2A) in Egyptian children with ASD and GID.
Methods.– Eighty children with autistic disorder and 100 healthy control children were examined. -1438A/G, 102T/C and His452Tyr polymorphisms of 5-HT2A were genotyped by polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) method.
Results.– There is Significant increase of the G allele and the GG genotype of the -1438A/G polymorphism was observed in children

with autism than control, but there were no significant differences in the frequencies either of the 102T/C genotype or His452Tyr genotype between the two groups. was a significant increase of homozygote A allele of the -1438A/G and CC genotype of the 102T/C polymorphism in ASD children with GID.
Conclusions.– This study supports the possible involvement of the 5-HT2A receptor in the development of ASD and associated GID.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0178

Catechol-O-methyltransferase Val158Met polymorphism and hyperactivity symptoms in egyptian children with autism spectrum disorder

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Background and aims.– Catechol-O-methyltransferase (COMT) plays an important role in the catabolism of brain dopamine and norepinephrine, which have been implicated in the pathogenesis of Autism spectrum disorder (ASD) as well as in other neuropsychatric disorders. We aimed to investigate the association of COMT Val158Met gene polymorphism with ASD and to examine the influence of such genotypes on hyperactivity symptoms in ASD patients.
Methods.– Eighty ASD patients (mean age 9 ± 1.9 years) and 100 control children (mean age 8.9 ± 1.9 years) were examined. COMT Val58Met polymorphism was genotyped using Tetra-primer ARMS-PCR method. The clinical diagnosis of ASD and ADHD were confirmed according to the DSM-IV criteria for research.
Results.– We found no significant difference in genotypes or alleles' frequencies of COMT Val158Met polymorphism between ASD patients and control group. There was a significant association between COMT (Val/Val) genotype and both increasing CARS ($p = 0.001$) and hyperactivity scores ($p = 0.006$). Regarding Conner's Score, the DSM-IV hyperactive impulsive were significantly higher in Val/Val genotype than both Met/Val and Met/Met genotypes ($p = 0.03$).
Conclusions.– Our data suggested an association between COMT Val58Met polymorphism and hyperactivity symptoms in Egyptian children with ASD
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0180

Characterizing patient's clinical pathways at the age of transition between child/adolescent and adult mental health services (Crecer project)

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Background and aims.– In spite of recent evidence about the gap in health care between Child and Adolescent (CAMHS) and Adult Mental Health Services (AMHS) at the transition age, data are still very scarce.
Objectives.– To identify and characterize clinical pathways in patients in CAMHS at the transition age.
Methods.– Retrospective study of a cohort of individuals that reached the age of 18 in an 18-month period and received treatment at CAMHS without a discharge in 7 catchment areas in Madrid (Spain). Subjects were studied two years before transition and 6 months after treatment at AMHS. Variables: socio-demographic, clinical and related to transition process.
Results.– Five clinical pathways were identified
1: Referred to AMHS by CAMHS (29.2%): associated with previous hospitalizations, day hospital care, emergency room visits, pharmacological treatment and/or eating disorders.
2: Referred to AMHS by Primary care or Emergency Units (9,3%): associated with emergency room visits but not with pharmacological treatment.
3: Dropped-out of CAMHS before transition (46,8%): associated with depressive, adaptive or anxiety disorders or to not having a diagnosis and/or no pharmacological treatment.
4: On-going treatment at CAMHS after transition age (9,7%): associated with psychosis, bipolar or serious neurodevelopmental disorders and/or previous hospitalizations or pharmacological treatment.
5: Referred by CAMHS to other services than AMHS (5%): associated with emergent personality disorder and/or police records
Conclusions.– Patients more likely to be lost are those with emotional disorders and without pharmacological treatment. Patients with more severe disorders are more likely to be ongoing in CAMHS.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0181

Whether the diet could affect course of ASD comorbid symptoms? the relationship between food intake and insomnia and GI symptoms in ASD patients group

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Background and aims.– Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by dysfunctions of communication and social interactions, as well as repetitive behaviours. The growing body of evidence report high incidence of comorbidities in ASD, among them gastrointestinal symptoms (GI) and sleep problems which both negatively affect quality of life in ASD patients. Nutritional status is considered as a possible factor involved in the etiology of these comorbidities.
The aim of the study was to evaluate (1) the prevalence of insomnia, GI symptoms and (2) food intake in ASD patients. We made an attempt to find the relationship between these variables.
Methods.– The study included 69 patients (84.06% boys), aged 3–24 year old who fulfilled DSM-IV criteria for ASD diagnosis. Medical

information (including GI symptoms), 3-day recall food intake record and Athens insomnia scale were collected.
Results.– We found relationship between the severity of GI symptoms and (1) folate, fibre, vitamin C intake, %energy derived from carbohydrates (negative) (2) severity of insomnia (positive) ($p < 0.05$) in boys. A relationship between severity of insomnia and (1) %energy derived from carbohydrates (positive) and (2) %energy derived from fat (negative) in subgroup of girls were found ($p < 0.05$).
Conclusions.– Nutritional deficiencies could be one of the potential factor affecting the intensity of comorbidities in ASD patients. As (1) risk of inadequate nutrients intake, and (2) probable relationship between nutritional status and insomnia and GI symptoms may be involved in ASD clinical course, dietary intervention could improve the quality of life this group of patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0182

Clinical characteristics of depression in child and adolescents

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Background and aims.– Depression in youths is often underdiagnosed because of its heterogeneous clinical presentation which varies according to age and makes the diagnosis complex.
The aim of this study was to compare the clinical characteristics of depression according to age groups.
Methods.– A retrospective study on 95 youths followed up for depressive disorders from January until August 2018. The sample was divided into children and adolescent groups choosing as limit the age of 12. Chi-square test was used to compare clinical characteristics and t-test for unpaired samples when comparing means.
Results.– The sample consisted of 56 adolescents (mean age: 14,45) and 40 children (mean age: 8,7) with female predominance in adolescent and male in children group. Children were mainly referred for behavioral disturbances (34,2%) while adolescents for suicidal behavior (43%). The onset of the disorders dated from longer in the children group. Irritability was found more significantly among adolescent as well as withdrawal, anhedonia, insomnia, suicidal ideation and suicide attempts (for all $p < 0,01$). Conduct disorders were also more prevalent but concerned only runaways ($p = 0,039$). In the children group, attentional problems were more reported ($p = 0,011$) and enuresis was more prevalent ($p = 0,003$) but not encopresis and neither somatic complaints. Evolution of the disorders were similar between groups but follow-up was more irregular among children ($p = 0,022$) with more lost sight.
Conclusions.– Clinical features in depression disorders happen to differ according to the period of life and the recognition of this specificity is necessary to insure an optimal care and prevent complications.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part V

E-PP0186

A single assessment scale for the predictors of suicidality in children and young adolescents

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Background and aims.–
Introduction.– Although, the rates of suicide in childhood and early adolescence suicide are rare, in adolescents and young adulthood, however, suicide rates have become increasingly more prevalent. There is a paucity in the evidence base in terms of studies that have explored suicidality in young people in which all relevant bio-psycho-social mediators and risk have been simultaneously collected to study their relevance. Part of the EU, FP7 'Suicidality: Treatment Occurring in Paediatrics' STOP project was to develop a comprehensive HealthTracker™ based methodology for the assessment and monitoring of suicidality and its mediators in children and adolescents. This was achieved through the development of the STOP Suite of Suicidality Measures.
Objectives.– To develop a single assessment scale for the predictors of suicidality in children and adolescents.
Methods.– The STOP Suite of Suicidality Measures was embedded onto the HealthTracker™ platform and was validated in seven cohorts from six European Union countries (UK, Italy, Spain, France, Netherlands and Germany) involving 1002 children and adolescents aged from 8–18 years.
Results.– The scales from the STOP Suite of Suicidality measures allowed the identification of specific domains for suicidality that were developed into a single HealthTracker™ based scale. The psychometric properties of the HealthTracker™ based suicidality prediction scale will be presented.
Conclusions.– The findings from the STOP suite of suicidality measures succeeded in developing a model that predicts the risk of suicidality in young people.
On behalf of the STOP consortium.

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

E-PP0187

Parents of children with recent psychiatric diagnosis: a look at the possible impact of family income, parental education, psychopathology and employment

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Background and aims.–
Introduction.– The relationship that socioeconomic status and parental mental health have with children's mental wellbeing has been supported by many researchers. Identifying such correlation can contribute to preventative measures.
Objectives.– In this study, it is aimed to explore the patterns of parental education, employment, psychiatric diagnosis and income in first-admission child/adolescent psychiatry patients.
Methods.– Methods: 152 children with first-time psychiatric diagnosis have been randomized from the clinical cohort. The data on household income, education levels, mental, marital and employment status of their parents were collected through questionnaires and individual interviews. The data were compared with the National Database (ND) rates via suitable statistical tests.
Results.– Results: Maternal unemployment, maternal/paternal education less than 8 years and family income at 'minimum wage' (less than 250 Euros) were found significantly higher than ND averages. Maternal unemployment had the most significant difference with a p-value of 0.020858 ($p < .05$). Surprisingly, divorced/separated status and parental psychopathology were not significantly over-represented.
Conclusions.– Conclusions: With this study, maternal unemployment merits a special regard, contradicting the conventional take on motherhood. The need for further exploration on such sociodemographic patterns is once again recognized.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0188

Effective interpersonal contact with juvenile convicts as a factor of their mental health and psychological well-being

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Background and aims.– Interpersonal contact with the convict is a demanding task for both the correctional officer and the criminal, especially in the case of interaction with a juvenile offender. The communication could be accompanied by behavioral problems, emotional instability and low confidence of a young convict. We studied the structure and the development of interpersonal contact between psychologists working in correctional camps and juvenile convicts.
Methods.– Psychologists working in correctional camps ($n = 51$) aged 22 to 54 (M = 36.7) participated in the study (33 were female). The method of unfinished sentences and the standardized self-report technique were used to study the components and phases of interpersonal contact.
Results.– Content analysis of unfinished sentences and the self-reports identified several components of interpersonal contact between psychologists and juvenile convicts: perception and knowledge about situation; willingness to interact; strategy and tactics of behavior; reflection; availability of internal means for the mental state regulation during interaction with the correctional officer. The development of interpersonal contact goes through several stages: communication planning; creating a partner's portrait; creation of environment facilitating the establishment of contact; establishment of interpersonal relations; evaluation of the convict's attitude to the beginning of communication; maintenance of interpersonal communication; stimulating motivation for further communication.
Conclusions.– The success of interpersonal contact between prison staff and convict, as well as mental state, psychological well-being and the result of re-education of young criminals depend on careful creation of all components of contact and paying attention to the stages of contact development of contact is undergoing.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0189

There is a correlation between plasma erythropoietin levels and attention deficit hyperactivity disorder symptoms

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Background and aims.– The aim of the present study was to examine the Erythropoietin (EPO) plasma levels and determine whether there was any correlation between plasma EPO levels and clinical characteristics of attention deficit hyperactivity disorder (ADHD).
Methods.– Plasma EPO levels were measured in 78 drug-naïve children with ADHD and 81 healthy children. The severity of ADHD symptoms was determined by scores on the Korean ADHD Rating Scale (K-ARS) in children and healthy controls.
Results.– The difference of median plasma EPO levels between 2 groups was not statistically significant. Participants in the highest tertiles of plasma EPO had a 1.49 times higher risk of ADHD than those in the lowest tertile, and those in the second highest tertile had a 2.39 times higher risk of ADHD than those in the lowest tertile. Plasma EPO levels significantly correlated positively with K-ARS scores including hyperactivity – impulsivity and total scores in 2 groups. A linear regression analysis showed that inattention score was significantly higher (3.04, [CI: 0.64, 5.44]) in the second highest tertile of plasma EPO comparing those in the lowest tertile. Hyperactivity-impulsivity score was significantly higher (2.19, [CI: 0.10, 4.38]) in the highest tertile of plasma EPO comparing those in the lowest tertile. And, total K-ARS scores was significantly higher (5.06, [CI: 0.74, 9.38]) in the second highest tertile of plasma EPO comparing those in the lowest tertile.
Conclusions.– These findings suggest plasma EPO levels in untreated ADHD children did not differ with healthy controls.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0190

Psychometric evaluation of the swedish adolescent and parent versions of the child sheehan disability scale in psychiatric patients

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Background and aims.–
Introduction.– There is no published validation of the Swedish translations of the Child Sheehan Disability Scale (CSDS) for use in adolescents or for the parent version (CSDS-P). The scale is used for report of functioning in psychiatric settings.
Objectives.– To explore the psychometric properties of the CSDS and the CSDS-P in adolescent psychiatric patients.
Methods.– Consecutively referred patients from two child psychiatric clinics in Vestmanland ($n = 107$) were assessed with CSDS and CSDS-P, Strengths and Difficulties Questionnaire (SDQ), interviewed with Schedule for Affective Disorders and Schizophrenia for School-Age Children-Present and Lifetime version (K-SADS-PL).
Results.– Internal consistency (Cronbach's alpha) was .813 and .842 for CSDS and CSDS-P respectively. For both scales, principal component analyzes (PCA) showed one component. The correlations between the total scores of CSDS and CSDS-P in relation to a general K-SADS-PL symptom summation index was .416, $p < .001$ and .302, $p = .001$, respectively. The correlation of the total scores of CSDS-P and SDQ parent was .328, $p < .001$.
Conclusions.– The Swedish versions of CSDS and CSDS-P have similar psychometric properties as the English version of the CSDS.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0191

The association of parental regulation of internet game use and risk of internet gaming disorder in adolescents

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Background and aims.– It is more difficult for adolescent to control Internet gaming behavior than adults. Previous studies have showed different results on the relationship between parental regulation of Internet game use and the risk of Internet gaming disorder (IGD) in adolescents. The purpose of this study was to examine the association of parental regulation of Internet game use and risk of IGD in adolescents through prospective observation.
Methods.– The Internet User Cohort for Unbiased Recognition of Gaming Disorder in Early Adolescence (iCURE) study is an ongoing prospective cohort study in Korea. Of 2,319 participants enrolled at the baseline, 2,206 were tracked in the one-year follow-up survey. The authors analyzed the data of 1,726 secondary school students who lived with parent. Risk of IGD was measured by the Internet Game Use-Elicited Symptom Screen (IGUESS). The one-year follow-up data was used as the outcome variable. Parental regulation, the exposure variable, meant that the parents checked the time spent on Internet gaming of their child and stopped them when they use Internet games. To determine the independent effect of the parental regulation of Internet game use on the risk of IGD, multiple logistic regression analysis was conducted.
Results.– The result showed that parental regulation of Internet game use was not significantly related to the adolescents' risk of IGD (OR = 1.20, 95% CI: 0.75–1.93).
Conclusions.– It is not appropriate to emphasize parents' responsibility of adolescents' IGD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part VI

E-PP0192

Cognitive functioning in children with autism spectrum disorder with normal intelligence

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Background and aims.– As the majority of children with an autism spectrum disorder (ASD) have more or less severe cognitive impairments, neuropsychological assessment has important implications in education and psychotherapeutic process. Intelligence tests are often used in cognitive assessment and in the division of individuals into high or low functioning groups. This procedure seems to be insufficient in examination of autistic children with normal intelligence.
The objective of the research was to determine possible differences in cognitive functioning between children with high functioning autism (HFA) and normally developing children. Received psychopharmacotherapy and intensification of autistic symptoms were controlled.
Methods.– 21 children with ASD with normal intelligence were examined. The study was performed using selected tests of the Battery of Cognitive Functions PU-1. The results were compared with the tool standard. The results of children using and not using psychopharmacotherapy were compared. The correlation between intensification of autistic symptoms and cognitive functioning was analyzed.
Results.– HFA group received results lower than the tool standard in: selection and concentration of attention, phonological loop, working visual memory, number of errors made, categorial fluency. Received psychopharmacotherapy did not differentiate the examined children in terms of the cognitive functions studied. Intensified autistic symptoms relate with lower working memory and shorter time of planning task.
Conclusions.– Creating cognitive profiles of normal IQ HFA children with varying intensification of autistic symptoms seems to be beneficial in planning clinical interventions. Monitoring cognitive abilities depending on psychopharmacotherapy may be helpful in controlling side effects or in the decision to initiate psychopharmacotherapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0195

Does autism predict a worse prognosis of problematic gaming?

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Background and aims.– On contrary to risk factors, prognostic factors of gaming disorder have not been studied well. Authors tried to determine psychological constructs affecting improvement of problematic gaming.

Methods.– Children and adolescents aged between 10 to 16 years participated our multicenter cohort study after written informed consents. The 157 participants and their parents underwent various psychological surveys including Autism Spectrum Screening Questionnaire (ASSQ), internet and smartphone addiction. They were also interviewed for internet gaming disorder symptoms of the DSM-5 plus the symptom of craving. We included those who demonstrated 3 or more positive on gaming symptoms. The baseline characteristics of the remitters and pathologic gamers (0 versus 5 or more gaming symptoms) were compared at the 6 month using t-test or Fisher exact test with p-value of 0.05 at both side.
Results.– The remitters and pathologic gamers demonstrated significant differences in regard to number of gaming symptoms ($p < 0.001$), internet addiction ($p = 0.001$), and smartphone addiction ($p = 0.01$) at the 6 month follow up. The two groups did not show significant differences in demographics, number of gaming symptoms, internet and smartphone addiction scores. However, the participants who continued to their problematic gaming at 6 month displayed higher ASSQ scores by their parents ($p = 0.024$).
Conclusions.– Those who continued problematic gaming behavior at 6 month were more likely to display higher ASSQ at the baseline. Higher scores on parent reported autism measurements does not necessarily indicate autism. However, there is a chance that gaming may appeal more to people who experience greater difficulties in social interactions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0196

An exploration of the experiences of families with a child with autism

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Background and aims.– Families experiences many challenges in caring for their children with Autism. The experiences of families impacts their quality of life and their children. Understanding their experiences is important to help them cope with the challenges, and policy makers in creating programs to address their needs.
This study aims to explore and describe the experiences of couples with a child with Autism. This study focused on two main questions:
1. What are the experiences of the family with a child with autism?
2. How do families cope with the difficulties in caring for a child with autism?

Methods.– This qualitative study utilized a phenomenological approach to explore and describe the experiences of 20 couples with a child with autism in the Philippines using in-depth interviews. Transcripts were analyzed using content analysis and respondent validation was done to establish trustworthiness of the findings.
Results.– The themes that emerged from the analysis are living a different way of life, difficulty in finding resources for the child, feeling of isolation from other families, and strained family relationships. Families cope up with the different issues by seeking emotional and financial support from health care professionals, social workers, and other families with the same situation.
Conclusions.– Autism creates a social stigma among families. Support from health care professionals, social workers, and other families is important to help families cope with these difficulties. Therefore, programs should focus on providing emotional and financial support to families of children with autism, and educating the community about autism.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0197

Religious orientation mediating between family prejudices and mental health: examining achievement-related stereotypes for opposite gender and sect

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Background and aims.– The study proposed and tested a cognitive developmental model to examine the role of family prejudices in development and formation of religious orientation of children and its influence on their mental health.
Methods.– A total of 280 children and their parents 175 fathers and 113 mothers recruited at various schools participated in the study. After taking informed consent from parents, responses were collected from children in their classes whereas parents' forms were sent to their homes. Data were collected on achievement-related positive and negative stereotypes against opposite gender and sect, religious orientation, anxiety, and depression.
Results.– Based on the conceptualization of the study, parallel models addressing gender and sectarian ingroup-outgroup classification were developed and estimated. The results supported the conceptual model of the study addressing underlying mechanism for the role of family prejudices in formation of religious orientation among adolescents and their effect on depression and anxiety in children.
Conclusions.– The study contributed to the existing literature by clarifying ambiguities between religious orientation and mental health. Additionally, it is the first study involving a multi-informant design to test associations between these constructs in a religious community in South Asia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0200

Primary and secondary prevention of the anxiety disorders in children

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Background and aims.– The existing methods for the treatment of the anxiety disorders (AD) are aimed at correction of anxiety and depression, but they are not intended for taking measures to prevent the development and prophylaxis of recurrences.
Methods.– The study included 120 children with AD. Clinical psychopathological, somatoneurological, psychological (Children's Depression Rating Scale Revised - CDRS-R); the Spielberg scale to estimate personality and reactive anxiety,and genetic methods (determination of the karyotype – the frequency and type of chromosomal aberrations in the peripheral blood lymphocytes -

standard methodology, as well as family accumulation of the multifactorial diseases in the genealogy of children).
Results.– Children with AD have a high share and different types of chromosomal disorders (chromatid, chromosomal, and genomic) and also different contribution of heredity into their formation. In the basis of treatment and prevention is the task of improving the method of the AD primary and secondary prophylaxis, taking into consideration the genetic component: the use of Cytoflavin in combination with folic acid on the background of cognitive-behavioural psychotherapy. Clinical and dynamic observations have established certain regression of the anxiety and depression symptoms, elimination of cognitive disturbances, improvement of psychosocial adaptability of the child with AD, stabilization of the patient's genome, and prevention of recurrences in the near and distant future.
Conclusions.– The proposed treatment complex with the lowest pharmacokinetic load will improve the psychosocial adaptability and stabilization of the patient's genome.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0201

Diagnostic methodology of anxiety disorders in children

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Background and aims.– The ICD-10 (International Classification of Diseases-10) and DSM-IV (Manual on Diagnosis and Statistics of Mental Disorders) contain lots of specific anxiety and depressive disorders. The use of diagnostic criteria for the anxiety disorders (AD) according to ICD-10 or DSM-IV-R gives a discrepancy in almost 50% of cases.
Methods.– The study included 160 children, aged 6–18 years, with anxiety disorders. Clinical psychopathological, somatoneurological, neurophysiological, psychological (Children's Depression Rating Scale Revised - CDRS-R); the Spielberg scale to estimate personality and reactive anxiety, as well as "Me and my illness" and "Man in the Rain" projective drawing tests), and Luria's Memorizing 10 words technique.
Results.– The psychopathological symptoms of AD in children are heterogeneous and have age-related characteristics: AD in children are often comorbid with cognitive disorders, and in adolescents - with affective and behavioural disturbances. Formation of the AD in children is influenced by pathological types of family relations (split, separated, and rigid relationships). Formation of AD in patients of different ages occurs in different ways: in children this is a constitutional-neuropathic typological variant and in adolescents a thymopathic variant (depression, fears, obsessive phobias, and anxiety) has been established.
Conclusions.– The methodology enables the specialists to determine the informative markers of the risk of anxiety and depression disorders development in children, to predict an unfavourable course of the disease, to prescribe the timely differential treatment and to prevent the AD secondary development in children.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0202

Sleep quality in children with attention deficit hyperactivity disorder (ADHD) and sensory modulation difficulties

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Background and aims.– Sleep disorders have been reported in up to 85% of children with ADHD. 40%-60% of children with ADHD exhibit sensory modulation difficulties (SMD) in addition to the core symptoms of ADHD. Children with ADHD who exhibit sensory symptoms have been reported to experience more significant functional difficulties. We aimed to evaluate whether SMD affect sleep characteristics of children with ADHD.
Methods.– 41 children with ADHD and 39 controls (ages 8–11) were recruited and assessed, using the Conner's Parent Rating Scale–Revised: Short Form, the Short Sensory Profile (SSP) and The Children's Sleep Habits Questionnaire (CSHQ).
Results.– In the ADHD group, 78.1% of children lower quality of sleep, compared to 21.9% of children in the control group ($\chi^2 = 16.84$, $p < 0.001$). A multivariable model revealed that children with ADHD and SMD had sleep scores that were lower than controls, whereas children with ADHD and no SMD were indistinguishable from controls. Use of stimulants, gender, mother's education and age had no significant contribution.
Conclusions.– In this pilot study, we found that difficulties in modulation of sensory input may correlate with lower quality of sleep in children diagnosed with ADHD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0206

Autism spectrum disorder, OCD or just an adolescent. The substrate underneath bullying

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Background and aims.– The reason for consultation "bullying" is one of the most frequent in the referrals from Pediatrics and Primary Care to Child and Adolescent Mental Health Units. However, the diversity of diagnoses received by these patients, if they have any mental disorder at all, is enormous. We present the case of a 16-year-old adolescent who has been followed-up from the age of 11 due to "bullying" and symptoms described as follows.
Methods.– Psychopathological examination: peculiar contact, elusive, crestfallen, blink and mouth tics, postural rigidity. Obsessive ideas lived as absurd in relation to contamination with compulsive acts of hand washing.
The only pharmacological treatment our patient has received during the 5-year follow-up is fluoxetine up to 40 mg per day, with progressive remission of almost every symptom.
Strenghts and Difficulties Questionnaire (SDQ): family: 15; patient: 27; Symptom CheckList (SCL-90-R): very high in all scales. Not valid. ADOS-2 Test (Autism Diagnostic Observation Schedule 2): borderline classification between ASD and non-ASD.

Results.– For the clinical evolution, persisting only social isolation, emotional indifference, peculiar interests (not restricted) and having reasonably ruled out the presence of an autism spectrum disorder; we opted for the diagnosis of a predominantly schizoid personality still in development on which have been nesting different symptoms (psychotic, depressive and obsessive-compulsive) in response to external stressors.
Conclusions.– Under "bullying" we find a florid and variable symptomatology. It is extremely important to avoid diagnosis such as Early Onset Schizophrenia or Autism Spectrum Disorder in young patients with complex symptoms not so very well clarified, for they generally imply pharmacological treatments.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Child and Adolescent Psychiatry - Part VII

E-PP0209

Baseline brain perfusion in adolescents with major depression following a short cognitive behavioral group intervention

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Background and aims.– While major effort has been put invested in investigating the neural correlates of depression and their modulation by treatment in adults, less is known about the neural correlates of psychotherapy in adolescents. The present study is among the first investigating neural correlates of psychotherapeutic effects in adolescent patients with major depressive disorder (MDD). We aimed at applying a rather new und non-invasive magnetic resonance imaging technique based on perfusion images obtained with continuous arterial spin labelling (CASL).
Methods.– We investigated regional cerebral blood flow at rest (rCBF) in 21 medication-naive adolescents with MDD using CASL. Participants were scanned before and after five 90 minutes sessions of a cognitive behavioural therapy (CBT) group intervention, or before and after five weeks of waiting with treatment as usual. Group assignment was randomized.
Results.– A comparison of imaging data pre-/post the CBT group intervention revealed rCBF changes in the dorsolateral prefrontal cortex (DLPFC), the caudate nucleus and the parietal lobe following the CBT. A time (post vs. pre) x group (intervention vs. waiting list) interaction analysis confirmed the increased rCBF in the DLPFC after treatment.
Conclusions.– Our findings indicate that non-invasive resting perfusion scanning is suitable to identify CBF psychotherapy-related alterations in adolescent patients with MDD at rest. The observed rCBF alterations in the reported regions might be associated with altered top-down cognitive processing in depressed adolescents following CBT.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0213

Investigation of omega-6/omega-3 fatty acids in children with depressive disorder

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Background and aims.– The prevalence of mood disorders in children has an increasing trend. Omega-3 fatty acids (FA) are shown as a promising adjuvant treatment of depressive disorder in children. The primary objective of this pilot, single-centre, randomized, double-blind controlled study was to investigate the levels of Omega-3 and Omega-6 FA in serum and their ratio in children with depression before and after fish oil emulsion administration.
Methods.– 41 children (11 to 17 years) were randomised 1:1 to the Omega-3 FA or Omega-6 FA groups. Patients were clinically investigated with CDI score (Children's Depression Inventory) every two weeks during 12 weeks of intervention. The levels of omega-3 (eicosapentaenoic acid- EPA, docosahexaenoic acid-DHA) and omega-6 FA in serum were determined by capillary FID-gas chromatography.
Results.– CDI scores decreased after the omega-3 FA supplementation by 27% compared to omega-6 FA (13%). The EPA and DHA levels were lower in depressed children, unlike in 20 healthy children. After supplementation with omega-3 FA, the level of EPA has risen to 500% and DHA to 250% of the original values. The omega-6/omega-3 ratio was 25.5: 1 for depressed children and 18: 1 for the control group ($p = 0.021$). After 6-week omega-3 supplementation, the omega-6/omega-3 ratio was reduced to 8.8: 1 ($p < 0.0001$), unlike in omega-6 supplementation where the omega-6/omega-3 ratio remained unchanged (24.5: 1). The ratio omega-6/omega-3 positively correlated with CDI score ($p = 0.003$).
Conclusions.– The omega-3 FA could be a suitable adjuvant therapy for reducing the severity of depression and the omega-6/omega-3 FA ratio. (APVV-grant 15-0063)
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0214

'Becoming dad': a qualitative study about the search for meanings of fatherhood by brazilian adolescent fathers

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Background and aims.– Many researches study adolescent mothers, but few consider adolescent fathers. They are especially relevant for clinical practioners when attend pre-natal appointments with their pregnant partners, because they are available for interventional actions. To understand their life experiences may contribute to better approach this population.
We aimed to explore emotional meanings about fatherhood among adolescent fathers seen at a public outpatient service.

Methods.– We used the clinical-qualitative method to be applied in assistance setting. We in-depth interviewed 14 adolescent fathers attending spontaneously with their pregnant adolescent partners at a prenatal outpatient of university woman hospital. We used the trigger question: "Tell me how the experience with the pregnancy is for you". We did also field diaries. We used theoretical saturation to build the sample. Data analysis followed steps-structured model and health psychology was the theoretical approach.
Results.– As result, we raised 4 categories. (1) "Me, father?!": conceptions about fatherhood; (2) Imaginary relationship with the baby; (3) Pregnancy and new dynamics in the relationship with the pregnant adolescent; (4) Influence of social circles for the constitution of fatherhood: the original family and friends.
Conclusions.– There are several emotional experiences, with personal, familiar and social aspects influencing the adolescents' conception about fatherhood. Theu desire to maintain participatory bonding in child care and report affective relationships with the pregnant adolescents. Parenting can be catalyst for positive change, releasing them into adulthood. Health professionals include them in prenatal care, to encourage them to share responsibility for the child, support the adolescent pregnant woman, and family and professional planning.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0216

Dysfunction of microstructure and metabolism in corpus callosum in juvenile schizophrenia

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Background and aims.– The aim of the study was to analyze the microstructural and metabolic features of the corpus callosum in recently onset schizophrenia.
Methods.– The study was carried out in 13 men with juvenile endogenous paroxysmal psychosis (disease standing ≤ 5 years after first manifestation) aged 17–27 years (median 22.0 ± 3.1 years). Control group consisted of 15 mentally healthy young men (18–28 years). Studies by MRI and 1H-MRS were carried out on Achieva 3T MRI scanner (Phillips). The spectroscopic voxel ($2 \times 1 \times 1$ mm) was placed in the CC knee region. The PRESS sequence was used (TR/TE = 1500/40 msec).
Results.– In patients, increased ADC ($p = 0.02$) and RD ($p = 0.008$), decreased FA ($p = 0.008$) and NAA ($p = 0.03$) were found in the corpus callosum genu, No intergroup differences by PD, Cho, Cr, Glx were found in this area. Also, no statistically significant intergroup differences were observed for the DTI and MRS characteristics of the corpus callosum splenium.
Conclusions.– Comparison of our DT-MRI and 1H-MRS data on the CC knee showed that the increase of RD in patients with early schizophrenia did not conform to active demyelination, which was proven by the normal level of Cho, while axon damage, shown by low level of NAA, did not lead to PD reduction. The decrease of NAA level detected in our study indicated axonal damage in the CC knee of patients with the early stage of schizophrenia. The increase of RD in the presence of normal Cho level seemed to indicate disorders in the axon cytoskeleton damage, but not active demyelination.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0217

NAA and bold dynamics after single short stimulus in motor cortex of schizophrenia patients

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Background and aims.– The aim of this study was the analysis of dynamics of motor cortex metabolite in the norm and in early stage of schizophrenia in period of BOLD response to event related single stimulus.
Methods.– The patient group comprised 9 males aged from 16 to 28 years who met the criteria of schizophrenia (F20, ICD-10). Study was performed on clinical Phillips Achieva 3.0 T MRI scanner. VOI in motor cortex was localized on the base of fMRI study (EPI FFE, TR = 3000 ms, TE = 30 ms).
Results.– The BOLD signal in both groups demonstrated maximum at the 6th s after target stimulus, however its value was reliably lover in schizophrenia in comparison with the control group. The only [NAA] in normal motor cortex was changed after the stimulation. In schizophrenia [NAA], [Cr] and [Cho] were constant. [NAA] in normal cortex statistically significantly decreased at the 12th s after stimulus presentation and returned to initial value at the 15ths (figure 1).

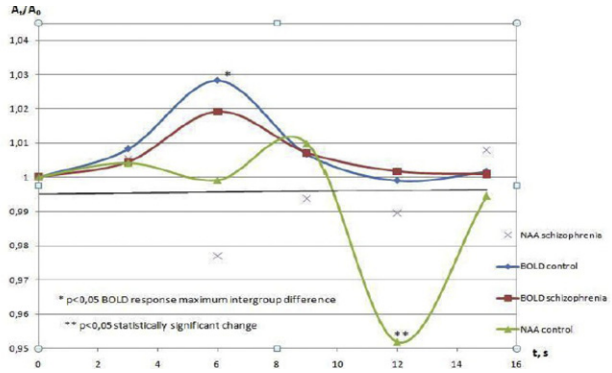


Figure 1. NAA and bold dynamics.

Conclusions.– The reversible decrease of NAA observed for the norm in the study could provide a short-term activation of neuronal Krebs cycle through a synthesis of Ac CoA using acetate obtained in ASPA reaction. Different behavior of [NAA] in the norm and schizophrenia might be related with a difference in location (or activity) of ASPA. Decreased expression of glutamate transporters in schizophrenia could also reduce consumption of NAA as a source of acetate in synthesis of Ac CoA which is used for restoration of ATP.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0218

Malfunction of diffusion parameters in the corticospinal tract of patients with early stage of schizophrenia

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Background and aims.– 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).
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 radiofrequency 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.
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.
Conclusions.– The results reflect different mechanisms of changes in water diffusion in various areas of the corticospinal tract: changes in nerve fiber microstructure in internal capsule (left hemisphere) and density decrease in motor cortex and radiate crown.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0220

Cognitive, emotional and psychosocial avatar reinforcement program: cesar as co-therapist in neurodevelopmental disorders, emotional dysregulation, immigration and transculturally in children & adolescents

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Background and aims.–
Objectives.– Demonstrate the good results of the psychotherapeutic approach for children with neurodevelopmental disorders through the prepositioning of general functioning levels, the adjustment of group therapy and the graphic support of stories.
Methods.– It is an observational pilot study of therapy based on the project of individual care of six children between 5–6 years old. They have an ASD diagnosed by ADI-R,ADOS & CARST,without a moderate to greater deficit in cognitive ability, all of whom participated in 12 sessions (sometimes with their siblings and their two parents) of training programs with two therapists.
Interventions were based on the positive reinforcement thanks to caricature characters representing each child and their family,emotional expressing, social skills and adapted behaviors.
Social Skills Rating necessary for Interpersonal relations (EHSRI) was used to evaluate generalization with parents and Quantitative evaluation was carried out before the training program and at the last session.
Results.–
Results & conclusions.– Our findings highlighted an increase in the total score of social and emotional skills following the training sessions. ADOS and CARST give better results in the objectivation of symptoms.
Children were more interactive between them, identifying each one with his avatar and more spontaneous with their partners.
CESARprogram is an excellent intervention in transdisciplinary teamwork with children an Autism Spectrum Disorder,specifically in stimulating social communicative development.
The results would have more scientific validity with an enlargement of the sample.
Conclusions.– CESAR program is an excellent co-therapist with different approaches and the positive results for the patients, their families and psychoeducation process.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0223

Impairment of neurological ontogenesis in children with autism spectrum disorders

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Background and aims.– Autism spectrum disorders (ASD) are not singly related to a psychiatric field. Often changes of motor development and neurological condition occur that worsen socialization of these patients and their quality of life. Frequently patients do not communicate with peers because they cannot fulfil tasks that typically developing children are capable of.
Methods.– 179 patients with ASD (F84.0) were examined using Autism Comorbidity Interview, parent's questionnaires, neurological examination, dynamometry, Box and Blocks test, and the 9-hole peg test. Patients aged 5 to 14 years, mean age - 7.2 years.
Results.– It was found that only 28.9% of children with ASD had no comorbid neurological pathology. 34.8% had uni/bilateral pyramidal tract insufficiency, 21.9% had perinatal lesion of the Central Nervous System (F82), 9.9% had Cerebral Palsy (G80), and 9.9% had epilepsy (G40). 25.7% of patients had an increase of muscle tone in distal parts of lower/upperlimbs, 18.8% had a decreased range of passive motions in the joints of the lower limbs. Fine hand function was impaired in 45.9% of patients, both manipulative and grasping abilities were worse in comparison to average scores.
Conclusions.– Changes in neurological state in patients with ASD are common. There is an acute necessity to identify and code them accordingly. This will benefit complex treatment approach for these patients. Indicates the necessity for the rehabilitation of ASD patients it to be multidirectional.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0224

Obsessive-compulsive disorder: a descriptive study of 17 tunisian adolescent patients

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Background and aims.– Obsessive-compulsive disorder (OCD) is a frequent disorder, however it has been poorly studied in children and adolescents in Tunisia.
The aim of this study is to describe demographic and clinical characteristics in a sample of Tunisian adolescent patients with a principal diagnosis of OCD.

Methods.– A retrospective study of 17 adolescent patients referred to the department of child and adolescent psychiatry at Mongi Slim hospital in Tunis (Tunisia). The DSM-5 OCD criteria and the Yale–Brown Obsessive Compulsive Scale were used.
Results.– The mean age was 14 years old. The sex ratio was 0.5. A triggering factor was found in 53% of the cases. Contamination was the most prevalent obsession, followed by death fear. Washing/cleaning was the most common compulsion followed by checking and ordering rituals. Comorbidity was present in 64.7% of the patients, forty-seven percent of referred adolescents had a depressive disorder and 23.5% had an anxiety disorder. Seventy percent of the subjects had an important impact on their social life and school results, family conflicts, social withdrawal and poor school performance were the most common consequences. Forty-one percent of the subjects had a pharmacological treatment and a cognitive behavioral therapy, forty-one percent had only psychotherapy and 18% had only pharmacotherapy.
Conclusions.– Obsessive-compulsive disorder is a distressful disorder that has a serious impact on adolescent's quality of life. Depressive and anxiety disorders are very commonly associeted.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Classification of mental disorders / Research Methodology - Part I

E-PP0227

Diagnostic instability in psychiatry

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Background and aims.– Diagnostic instability is a measure to which psychiatric diagnoses change over time in the same patient. Since psychiatric diagnostic categories are developed without biological markers, the diagnostic process is less reliable in psychiatry than in other fields of medicine.
The authors aim to study changes in psychiatric diagnoses and the factors involved.
Methods.– Nonsystematic review of the literature with the following search terms: "diagnostic instability", "diagnostic accuracy", "overdiagnosis", "misdiagnosis" and "diagnostic error".
Results.– The overall mobility of diagnoses ranged from 27 to 40%. For most studies, the diagnosis with greater instability was schizoaffective disorder, with some authors even defending its elimination from the diagnostic classification. On the other hand, the most stable diagnosis over time is schizophrenia (mean stability: 90%). The greatest diagnostic shifts move towards schizophrenia with the existence of negative symptoms as the main contributing factor. Bipolar disorder (BD) revealed the most variable results depending on the study. In some, underdiagnosis is the issue, especially when the first episode is depressive or when psychotic symptoms are present. In fact, approximately 61,5% of bipolar patients with psychotic symptoms received a first diagnosis different from BD. BD may also be overdiagnosed, particularly in the presence of personality and substance use disorders.
Conclusions.– In the absence of biological markers, longitudinal validation through a long-term follow-up is necessary for accurate diagnostic ascertainment. It is believed that family or genetic studies will become a more reliable tool in error detection as well.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0228

Gaming behavior in portuguese university students

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Background and aims.– Gaming behaviors have been receiving increased attention from the scientific community in recent years. This phenomenon has accompanied the easier access to betting and casino-like games, and the establishment of online gaming as an important recreational activity, particularly in western societies. Considering the impact that the potential addictive power of games can have in human health and well-being, it seems important to better know and understand this phenomena.
We aimed to study gaming behaviors in Portuguese university students. Additionally, we explored the predictive power of sociodemographic and academic variables (age, years of education, years of registration and number of withholdings) in gaming behavior.
Methods.– The study comprised 908 university students (M_{age} = 22.07, SD = 7.08), 525 females (57.8%). All participants filled online the Gaming Addiction Scale (Lemmens, Valkenburg, & Peter, 2009; Portuguese version of Baptista, Viegas, & Gradil, 2010).
Results.– These results are consistent with the literature, highlighting the increase in gaming behaviors among youths in the last years. Besides, it were found positive correlations among pathological gaming and some sociodemographic variables.
Conclusions.– The above-mentioned results shed light on the question "Why do some individuals undergo this transition from recreational to addictive gambling/gaming behaviors?", as it allows to reflect on the influence of some moderating variables. In future studies, it seems important to explore the impact of the Gaming Disorder in the quality of life of gamers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0230

Clinical practice in coding using ICD-10 as a source of inspirations for the implementation of ICD-11. A qualitative analysis

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Background and aims.– ICD-10 has been used in Poland since 1996. The aim of this study is to compare clinical descriptions, written diagnoses and ICD-10 codes used by professionals. Even a perfect diagnostic system can be used in proper or improper way. The results may be beneficial for the preparation of doctors and statisticians for the changes forced by ICD-11.
Methods.– 500 medical histories, containing referrals to psychiatric care or discharge summaries from both psychiatric and non-psychiatric wards, were randomly selected from the psychiatric outpatient clinic records from years 2017–2018. All codes were assigned by doctors.
A competent psychiatrist compared codes with medical data.
Results.– The types of errors were as follow. Different names than the official ICD-10 translation were used to diagnose certain disorders. General codes were implemented to describe specific

problems (e.g. nicotine dependence coded as Z72 instead of F17.2). The most important error was incompatibility of the code and description (e.g. ADHD coded as G98 instead of F90).
Conclusions.– The implementation of the new ICD-11 classification must be preceded by thorough training of doctors and statisticians to avoid the errors described above. Moreover, training in the use of ICD-10 is needed to ensure the accuracy of codes in the current documentation. It is crucial to translate codes from ICD-10 to ICD-11 in a proper way.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0231

ICD-11 ecological implementation field studies in russia: focus on psychotic disorders

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Background and aims.– ICD-11 field studies are being conducted through the WHO's International Field Study Centers in countries representing all WHO regions. Ecological Implementation field studies evaluate the clinical consistency and utility of the proposed guidelines in natural practice condition. In the Russian Federation, Moscow Research Institute and P.P. Kaschenko 1st St. Petersburg City Mental Hospital have been assigned as the local sites for these purposes.
Methods.– 44 psychiatrists participated in the study, which evaluated patients presenting with psychotic symptoms. Clinician raters conducted interviews together and made independent diagnoses that were used to calculate inter-rater reliability. Data were gathered from 104 diagnostic interviews with adult patients.
Results.– The results demonstrate high ratings of clinical utility and implementation characteristics of the guidelines. Russian clinicians participating in the ICD-11 Field studies consider the ICD-11 Guidelines for Schizophrenia and other primary psychotic disorders to be quite easy for use as well as clear and understandable and with good fit. However the reliability of diagnostic conclusions for Schizophrenia and Schizoaffective disorders was found to be moderate compared to good or very good in the broader sample.
Conclusions.– Such tendency may be related to the differences in how the clinicians conceptualize psychotic disorders according to their diagnostic attitudes based on the Russian clinical psychopathological traditions. Results will be used to identify areas of lower diagnostic agreement in psychotic disorders assessment as well as to analyze translation issues and country specific differences that could be used to make further additional comments to ICD-11 diagnostic guidelines on the national level.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0232

Body dysmorphic disorder or delusional disorder ?: a case report

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Background and aims.– Body dysmorphic disorder (BDD) previously known as 'dysmorphophobia' is defined as a preoccupation with imagined imperfections in physical appearance. Currently, it is recognized that patients with BDD do not necessarily perceive their symptoms as unreasonable and their ideas may be described as overvalued or delusional. It is sometimes difficult to distinguish between BDD and delusional disorder (DD) somatic type especially when BDD is associated with delusional ideas.
Methods.– We will discuss a clinical case and we will proceed to a literature research about this case.
Results.– The patient is a 25 years old man hospitalized for suicidal ideation. The patient was convinced that he had a cranial deformity and that everyone was laughing at him because of the distorted aspect of his skull. These ideas appeared in adolescence. The patient was obsessed with this idea; he was afraid to go out of his house and had repetitive behaviours (mirror checking,growing hair, wearing a cap). The content of his concerns were sometimes so weird that they seemed delirious. The patient did not consider his ideas to be unreasonable or absurd. He had also delusional ideas of reference. The main suspected diagnoses were BDD and DD somatic type. The patient was treated with several antipsychotic drugs (haloperidol, risperidone, olanzapine, amisulpride) without any improvement.
Conclusions.– Distinguishing between BDD with delusional beliefs and DD somatic type is important because of the therapeutic implications. Delusional syndrome in general, may respond to antipsychotics, whereas in BDD, even with psychotic ideas, there is less likelihood of success.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0234

The seven steps of the clinical-qualitative content analysis: a data-processing technique for research into clinical care settings

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Background and aims.– Qualitative research procedures are not always well understood or correctly applied in the Health context, especially in the data analysis step. Our methodological proposal considers that one oftupes of qualitative research applied in the health field can acquire an analogous perspective to clinical practice. The Clinical-Qualitative Content Analysis aims to explore emotional meanings through individual interviews.
We aimed to present a systematized and concise technique of step-by-step procedures for certain refined content analysis in the assistance health field: The Clinical-Qualitative Content Analysis.
Methods.– Methodologically, the qualitative research design, when applied to the field of health, can have a way analogous to the traditional approach in professional clinical practice, thus the denomination: clinical-qualitative content analysis. This kind of analisys is a section of the Clinical-Qualitative Method, such as it was developed in the Brazilian environment academic.
Results.– The Clinical-Qualitative Content Analysis technique comprises seven steps: 1) Editing material for analysis; 2) Floating reading; 3) Construction of the units of analysis; 4) Construction of codes of meaning; 5) General refining of the codes and the Construction of categories; 6) Discussion; 7) Reflexivity.
Conclusions.– As final considerations, we state it is a proposal for systematization qualitative content analysis procedures in order to bring clarity to the researcher who intends to do qualitative research in clinical settings and ensure quality of the analysis. It is a technique indicated for questions arising in an assistance

setting and that seek to encourage reflections an interventions for professionals faced with the life experiences of their patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0235

Validation of the russian version of the cyberchondria severity scale

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Background and aims.– Cyberchondria is defined as an excessive online search for health-related information, which causes or strengthening of anxiety about health (Starcevic, Berle, 2013). Although there is the measure to assess this construct, it is a matter of dispute, is the cyberhondria a part of hypochondria or of problem internet use. The aim was to validate Russian version of the Cyberchondria Severity Scale (CSS) and to compare cyberchondria with both the problem user activity and behavior typical for hypochondria disorder.
Methods.– 126 adults (18–70 years old, M = 37.6; SD = 11.8) filled The Cyberchondria Severity Scale (McElroy, Shevlin, 2014), Chen Internet Addiction Scale (Chen et al., 2003), Scale for Assessing Illness Behavior (Rief et al., 2001), Cognitions About Body and Health Questionnaire (Rief et al., 1998).
Results.– 5-factor structure explained 61.97% of variance with an excellent reliability for the overall measure (Cronbach $\alpha = .93$) and good to excellent for subscales (.85-.94). All but one subscales of CSS correlated to Internet Addiction Scale ($r = .37$). Cyberchondria was related to autonomic sensations ($r = .23$), bodily weakness ($r = .23$), intolerance of bodily complaints ($r = .29$) and somatosensory amplification ($r = .29$). Illness behavior was related to "Reassurance" scale ($r = .16$-.33).
Conclusions.– Results support reliability and validity of the Russian version of the CSS. Cyberchondria is related to both excessive internet use and illness behavior but relationships are medium. Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01222.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Comorbidity - Dual Pathologies - Part I

E-PP0236

When a neurological condition is interpreted as psychiatric disorder

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Background and aims.– It is common knowledge that many neurological conditions manifest with psychiatric symptoms, such as cognitive impairment, mood disorders, personality changes or even psychotic symptoms, either on the early or on the late stages. Some of those diseases are of infectious or autoimmune cause, others are related to seizures, stroke or trauma. Additionally, the neuropsychiatric symptoms may be due to hormonal or metabolic disorders, CNS tumours or Paraneoplastic syndromes of non-CNS tumours. One of the maincases of psychiatric conditions' occurrence in the context of brain disease and one that is very often mentioned in international literature, is reversible or irreversible dementia of various origin.
Methods.– We present a case series in which the patient was admitted to our unit due to psychiatric symptoms. After thorough examination as well as imaging and other tests needed for the differential diagnosis, we reached a completely different conclusion.
Results.– Dementias are in many cases misdiagnosed as psychiatric disease due to an overlap of the symptoms present in such conditions. With the eligible treatment for dementia in some of them remission was achieved, while in others of irreversible cause no specific change was observed and palliative care with symptomatic medication was offered.
Conclusions.– Whatever the reason might be for the psychopathology present in neurological conditions in general and dementias in particular, the result is often misdiagnosis of the latest as psychiatric ones. Thus, dementia should be excluded from differential diagnosis before characterizing a condition a psychiatric one.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0238

Comparative retrospective study of schizophrenic patients with/without substance use disorder and employment in Bulgaria

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Background and aims.– Comorbidity substance use disorder increases the financial cost of schizophrenic patients, complicates contacts with relatives, people in the social environment, and controlling medical structures and, as a result, exacerbates social isolation
Methods.– After screening and on the basis of "inclusive" and "exclusive" criteria in accordance with the study design were established two distinct groups with a total of $n = 202$: 101 hospitalized patients with schizophrenia and comorbid substance abuse and hospitalized patients with schizophrenia without substance use in a comparable ratio by sex, age, place of residence and level of education with the study group with comorbidity.
Results.– The results of our study detected a significant proportion of patients with schizophrenia and comorbid substance use disorder (75.3%) have a workload before the onset of mental disorder. In the course of the disease, the ratio of work capacity in the two groups under study changed - a significantly higher proportion of men and women without substance use disorder continued to work compared to both man and female with schizophrenia and comorbid substance use disorder. The non-working women with comorbid schizophrenia are significantly higher (54.2%) compared to the non-working men with comorbid schizophrenia (37.7%). Most patients with schizophrenia and comorbid substance use disorder (60%) are unemployed and patients with schizaphrenia and

comorbid alcohol use are the most in the group of the disabled by mental disorder (87%).
Conclusions.– Coordinated efforts at the national, state, and program levels will be required to remove barriers and to provide optimal care for this vulnerable population.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0239

Comparing comorbidity of chronic pain and depression between Asian Americans and European Americans

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Background and aims.– Literature have suggested that minority patients may experience greater rates of pain and psychiatric comorbidities than their White counterparts in the U.S. However, few studies have confirmed such a hypothesis, using a large representative data. To fill this knowledge gap, we examined if Asian Americans experience chronic or disabling pain at rates similar to European Americans and if gender and ethnicity modify the associations between chronic or disabling pain and psychiatric morbidities.
Methods.– Using a representative sample of community-residing U.S. adults (2284 Asian Americans and 6696 European Americans), lifetime and 12-month pain were assessed by self-report. We used weighted descriptive statistics and multivariate logistic regression. Covariates included sociodemographic and immigration characteristics.
Results.– Approximate 35.8% of Asian Americans (95% CI: 32.9–38.8) and 56.8% (95% CI: 54–59.5) of European Americans endorsed lifetime chronic pain. About 30% (95% CI: 27.6–32.2) of Asian Americans endorsed 12-month chronic pain and 21.1% (95% CI: 19.5-22.8) endorsed disabling pain in the past 12 months. Pain was significantly associated with increased odds for having psychiatric morbidity during the corresponding time period in both Asian Americans and European Americans (ranged between 2.04 and 10.31 folds). There were significant gender and ethnic variations in the prevalence of co-morbid pain and depression.
Conclusions.– Compared to European Americans, Asian Americans report lower rates of lifetime pain morbidity but a similar strength of association between pain and psychiatric morbidity.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0240

Lifetime suicide attempts are associated with mood disorders and tobacco use disorder

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Background and aims.– Mood disorders have been associated with elevated levels of high sensibility C-reactive protein (hs-CRP) and components of the lipid profile, which could be a risk factor for suicide attempts. The co-occurrence of mood disorders with Tobacco Use Disorder (TUD) has also been associated with the increase of suicide risk. To investigate if TUD and lipid profile levels may influence mood disorders in subjects with lifetime suicide attempts.
Methods.– Psychiatric outpatients with ($n = 79$) and without ($n = 460$) a history of lifetime suicide attempts were submitted to a questionnaire, a structured clinical interview for TUD, Bipolar Disorder (BD) and Major Depressive Disorder (MDD). They were also evaluated by Hamilton Depression Rating Scale ($HDRS_{17}$), Fagerström Test for Nicotine Dependence (FTND), Body Mass Index (BMI), and lipid profile and hs-CRP levels.
Results.– Lifetime suicide attempts were mostly women ($p = 0.002$), more diagnoses of obesity ($p = 0.001$), BD ($p = 0.000$) and TUD ($p = 0.001$), more severity on FTND ($p = 0.027$) and on HDRS17($p = 0.000$), high number of smoking cessation attempts ($p = 0.021$), high levels of hs-CRP ($p = 0.005$), and inflammatory state and high cardiovascular risk (hs-CRP > 3 mg/L, $p = 0.030$). A multivariate analysis showed that lifetime suicide attempt group suffer significant influences of TUD (Odds Ratio, OR = 2.005, 95% Confidence Interval, CI = 1.087–3.696; $p = 0.026$), BD (OR = 23.31, CI = 8.723–62.291; $p = 0.000$) and MDD (OR = 9.650, CI = 3.441–27.065; $p = 0.000$) after controls by gender and age.
Conclusions.– These results evidenced that lifetime suicide attempters have more BD mostly, followed by MDD and TUD diagnoses independently. Therefore, it suggests that mood disorders (BD mostly) and the TUD diagnoses can impact in the lifetime suicide attempt prevention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0241

Gender identity disorder symptoms in young Russian women with comorbid endogenic mental disorders

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Background and aims.–
Introduction.– Gender identity disorder can be diagnosed when a person expresses "a strong and persistent cross-gender identification. . ., which must not be a symptom of another mental disorder"(ICD-10). Therefore some patients with schizophrenia, personality disorders and endogenic affective disorders report of the persistent desire to change their biological sex, which remains even during remission periods. These cases have not been investigated, since they are usually excluded from demographic and other studies.
Objectives.– This study seeks to address how gender identity disorder (GID) symptoms are represented in young women with mental disorders.
Methods.– The sample consisted of twenty-five women with diagnosed mental disorders and GID symptoms, aged 16–26, and twenty-three women of the same age and nosological groups without GID symptoms. The structure of gender identity was measured by Bem Sex-Role Inventory, Projective Tests.
Results.– Patients with GID symptoms had significantly more severe psychiatric symptoms, then those without GID. They were divided into three groups according to gender identity impairment type: tangled (positive attitude towards both M and F roles, but negative attitude towards themselves; mostly found among affective disorders), underformed (thought about themselves as children or adolescents in attempt to evade the sex conflict; comorbid with personality disorders), rejected (had negative or ambivalent attitude towards F role, and positive or neutral towards M role; significantly related to schizophrenia). All patients with GID symptoms were androgenic according to Bem Sex-Role inventory, whereas 74% of patients without GID symptoms were feminine.
Conclusions.– This study shows the importance of accurate investigation of GID cases in mental disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0243

VHC among drug-dependent inpatients: the relevance of dual disorders

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Background and aims.– Drug use has been associated to high prevalence of VHC+, although there are few studies made in Detoxification/Dual Disorders units. There is scarce information on the influence of other mental disorders among drug-dependent patients, so called Dual Disorder/Dual Diagnosis (DD) in the prevalence of HCV.
Methods.– Descriptive, observational, retrospective study of 830 drug-dependent patients hospitalized between 2014–2017. Of them, 279 were HCV+ and 4% were People Who Inject Drugs (PWID). We compared the clinically relevant characteristics of a DD-group versus a non-DD group all of them HCV+.
Results.– Among the HCV+ patients, 69% had DD: 45% personality disorders, 35% affective disorders, 13% anxiety disorders and 10% psychotic disorders. In the DD patient group 23% were women compared to 14% in the non-DD group. 28% of the patients in the DD group were HIV+, versus 34% in the non-DD group. Cocaine was consumed by 33% of the DD patients and 40% of the non-DD patients. The number of PWID at the time of admission was not significant in any of both groups, but 70% of those who inject had a DD.A treatment for HCV had been made by 7% of DD patients compared to a 28% among the non-DD group
Conclusions.– HCV infection is higher in DD patients. HCV+ patients with DD had received treatment with interferon or with direct-acting antivirals (DAAs) with significantly less frequency than non-DD patients. Therefore, patients with HCV+ and DD are a risk group and an important reservoir of HCV+,which must be taken into account in order to be referred for treatment of HCV
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0245

Disorders of emotions and motivations in children after severe spinal trauma

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Background and aims.– Psychological and psychiatric disorders of varying severity are revealed after a spinal trauma (ST). Emotions after SCI are studied in adults; data on the study of emotional disorders in children, and their medical treatment is not.
Aims.– To evaluate emotions and motivations in children after severe ST in early rehabilitation.
Methods.– 35 children with severe ST (8–18 years old) admitted to treatment and rehabilitation. Psychological and psychopathological methods were used. Diagnostic scales and questionnaires used to detect depression, to assess the severity of individual symptoms.
Results.– three groups of children were identified, depending on emotional disorders and their severity: 1 - with depression 6 (2 boys, 4 girls from 14–17 years old), 17.2%; 2 - with high anxiety, decreased motivation, with subdepressive prerequisites 11 (4 girls, 7 boys from 12–16 years old), 31.4%; 3 - no depression or depressive tendencies 18 (15 boys, 3 girls, 8–17 years old), 51.4%. Children with a lowering of emotions, with an average or low level of anxiety, but a safe motivation, needed only the accompaniment of a psychologist. Children with a decrease in emotions, medium or high levels of anxiety and low motivation needed the treatment of a psychiatrist and a psychologist. Children with depression, high anxiety and low motivation required the supervision and medical treatment of a psychiatrist.
Conclusions.– In 48.6% of children after severe spinal trauma there are emotional and motivational disorders requiring differentiated psychological and psychiatric care in the period of early rehabilitation with the algorithm of joint interaction in the treatment complex.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0247

Challenges in psychiatry - chronic somatic illnesses and psychiatric disorders

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Background and aims.– Numerous studies have shown great correlation between psychiatric disorders and somatic co morbid diseases. There is higher rate of comorbidity in bipolar disorder than in any other psychiatric disorder. Comorbidity is associated by severity of clinical presentation, poor prognosis, and outcome.
The aim of the study was to determine the frequency and to examine the most common somatic disorders in patients with bipolar disorder at the Psychiatric Hospital of Sarajevo Canton during the period of one year.
Methods.– The study included 27 out of 574 patients hospitalized for a stated period. The patients were diagnosed with bipolar disorder according to ICD-10 criteria. Patients' age and sex were were taken in consideration, as well as the presence of somatic disease.
Results.– Sixteen patients with bipolar disorder (59.25%) were females and 11 (40.74%) were males. All patients that were included in this study met the criteria for one or more comorbid diagnoses, of which 28.5% met criteria for one, and 71.5% for two comorbid disease. Twelve patients (44.44%) had cardiovascular disease, ten (37%) had hypertension, and two patients (7.4%) had post-stroke condition. In nine (33.3%) patients dyslipidemia was found, four (14.81%) patients had diabetes mellitus type 2, and two (4.7%) patients were diagnosed with thyroid disease.
Conclusions.– Comorbidity is a product, rather than a sum of two or more diseases, which makes this problem more demanding for treatment. An interdisciplinary approach is needed in treatment of these patients with emphasis on individual approaches, basic follow ups and introduction to a new lifestyle.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0249

Prevalence and clinical correlates of self-injurious behavior in gilles de la tourette syndrome

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Background and aims.– Gilles de la Tourette syndrome (GTS) is a neurodevelopmental disorder affecting children and adults. Major symptoms are tics, but in 90% of cases psychiatric comorbidities occur. Self-injurious behavior (SIB) is defined as deliberate and repetitive infliction of self-harm and could be found in 4–53% patients with GTS. The aim of our study was to investigate lifetime prevalence and risk factors of SIB in Polish cohort of GTS patients.
Methods.– Diagnosis of GTS and psychiatric disorders was established according to DSM-IV-TR criteria. We evaluated SIB severity and divided patients, into mild, moderate and severe SIB groups according to strict definition which will be provided on poster.
Results.– SIB was reported by 65 patients (39.4%). The age of SIB onset was known in 55 cases (84.6%) and the average value was of 11.4 ± 6.8 years. In 30 patients (46.2%) SIB was evaluated as mild, in 27 (41.5%) as moderate and in only 9 (13.9%) cases as severe. Our results of univariable analysis showed, that SIB in GTS was associated with: ADHD, OCD, aggression, depression, anxiety disorder, significant social skills problems and increased tic intensity as well as total number of complex tics. Nevertheless, in logistic regression only OCD and ADHD remained in significant association with SIB.
Conclusions.– SIB in GTS could be the consequence of two most common co-morbid mental disorders such as OCD and ADHD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0250

Exploring the specific markers of developmental coordination disorder (DCD) in autism spectrum disorder (ASD): DCD is not a comorbidity in ASD children

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Background and aims.– Several studies suggest a comorbidity of developmental coordination disorder (DCD) in children with autism spectrum disorder (ASD).
We aimed to study the nature of DCD in ASD compared to a group of DCD children. We analyzed the salient diagnostic markers of DCD in accordance to a cluster analysis study which highlighted DCD subtypes. Profiles of ASD children were compared to two principal DCD subtypes: visuospatial constructional (VSC- relating to visual motor integration, visual spatial structuring, Lego blocks impairments) and mixed subtype (MX- relating to manual dexterity, coordination between upper and lower limbs, dysdiadochokinesia, imitation of gestures, digital praxis, digital perception disorders, and items failureassociated to VSC-DCD).
Methods.– Eighteen children (4–15 years old) with ASD were compared to 58 children with DCD (33 VSC-DCD, 25 MX-DCD). All children were assessed with neuropsychological tests and with a French standardized neurodevelopmental battery "the NP-MOT".
Results.– Failures of all the markers of DCD were most weakly impaired or sometime better in our sample of ASD children versus DCD group. Thus, impairments of ASD were not specific to the diagnostic markers of DCD because no correlation was found between predictive markers described for each DCD subtype, making its impairments unlikely associated to a DCD diagnosis as a comorbidity of ASD.
Conclusions.– These results support the hypothesis about sensorial, motor and psychomotor impairments in the ASD children belonging to a global aetiology of sensory-motor integration disturbance which include various cortical brain regions, the corpus callosum, subcortical networks (basal ganglia) and the cerebellum.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0251

Evaluation of alcohol and other drug dependency in hypertension and diabetes with primary care

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Background and aims.– Chronic diseases are considered a public health problem, since they are responsible for the high mortality rate, as well as for hospitalizations and early economic inactivity. Among the main chronic diseases are Hypertension and Diabetes Mellitus, treatment involves habits and attitudes that promote the quality of life so that complications are prevented. Aims to identify the use of alcohol and other drugs in patients with chronic diseases.
Methods.– Application of specific scales called AUDIT - Alcohol Use Disorder Identification Test and ASSIST - Alcohol, Smoking and Substance Involvement Screening Test, in the sample of 80 volunteers with diabetes and hypertension.
Results.– The majority of interviewees were 57.5% (46), among those 28.75% (23) had hipertension, 7.5% (6) had Diabetics and 21.25% (17) had both. In relation to the male sex, 42.5% (34) participated in the study, with 27.5% (22) hypertensive, 2.5% (2) diabetics only and 12.5% (10) hypertension and Diabetes. According to data collected, the majority of respondents 87.5% in relation to Alcohol, tobacco and other Drugs, make use and consumption of low risk, the diagnoses are performed in the vast majority.
Conclusions.– The female sex being a group that consequently attend more health services for the prevention and promotion of health, either for its cultural positioning as caretaker, accountability with the care of other people. This function is intrinsically related to the greater frequency with which women seek the health services, when compared to the men, whose masculinity profile contradicts the involvement with the care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0252

Implementation of a clinical decision support system for optimizing the dosing mode of psychopharmacotherapy in patients with affective disorders based on pharmacogenic biomarkers

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Background and aims.– Although pharmacogenetic tests provide the information on a genotype and the predicted phenotype, these tests themselves do not provide the interpretation of data for a physician. The aim of our study was to study the effect of implementing the decision support system to optimize the drug dosage regimen,

based on pharmacogenomic biomarkers, on the efficacy and safety of therapy for patients with affective disorders and comorbid alcohol addiction.
Methods.– The study included 118 male patients (48 in the main group and 70 in the control group) with affective disorders and comorbid alcohol use disorder. To evaluate the efficacy and safety of therapy several international psychometric scales and rating scales to measure side effects were used. Genotyping was performed using real-time polymerase chain reaction with allele-specific hybridization. Pharmacogenetic test results were interpreted using free software PGX2 (www.pgx2.com).
Results.– The statistically significant differences between the scores derived from all psychometric scales were revealed. For instance, the total score on Hamilton Rating Scale by day 16 was 14.0 [13.0; 15.0] for the main group and 14.0 [13.0; 14.0] ($p < 0.001$) for the control group. The total score on UKU scale by day 16 was 3.0 [0.0; 4.2] for the main group and 9.0 [7.0; 11.0] ($p < 0.001$) for the control group.
Conclusions.– Pharmacogenetic-guided personalization of the drug dose in patients with affective disorders and comorbid alcohol use disorder can reduce the risk of undesirable side effects and pharmacoresistance. It allows recommending the use of pharmacogenomic clinical decision support systems for optimizing drug dosage.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Comorbidity - Dual Pathologies - Part II/Consultation Liaison Psychiatry and Psychosomatics - Part III

E-PP0254

Psychosocial functioning in the balance between autism and psychosis tendencies: evidence from three populations across the autism-psychosis spectra

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Background and aims.– Difficulties with psychosocial functioning is central to both autism and psychosis spectrum disorders. While the disorders are diagnostically independent, they can co-occur in the same individual at both the diagnostic and trait levels. The effect of such co-occurrence is hypothesized to worsen functioning. The 'imprinted brain theory', however, suggests that the disorders are etiologically and phenotypically diametrical, predicting opposing effects on functioning. The aim of the study is to test these two contrasting hypotheses.
Methods.– We evaluated the association of psychosocial functioning with copy number variants (CNVs) conferring risk for both autism and schizophrenia in healthy carriers ($N = 139$), and with their autism and schizophrenia symptom expressions in individuals with first episode psychosis ($N = 83$) and schizophrenia ($N = 174$).
Results.– Across the three populations, autism and positive symptom expressions in the first episode and schizophrenia groups, and their genetic risks in healthy carriers are interactively associated with psychosocial functioning, such that individuals with balanced symptom expressions of/risks for autism and schizophrenia were associated with better functioning.
Conclusions.– The results suggest that some individuals may present fewer psychosocial difficulties due to a balanced expression of autistic and psychosis liability. The results from the genetic data suggest that this interaction is possibly mediated by the relative dominance of genetic risk factors associated with autism and psychosis spectrum disorders, and warrants further investigations of the protective effects of autism in psychosis spectrum disorders. The concurrent assessment of autism and psychosis may be necessary to predicting illness aetiology, prognosis and diagnostic practices in both conditions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0255

A framework based on the research domain criteria (RDOC) comparing individuals with severe mental illness with and without history of child sexual abuse: clinical evaluation and characteristics

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Background and aims.– The DSM has been an invaluable tool in establishing reliability and creating a common language to facilitate communication about mental-illnesses. However, contemporary neuroscience-research shows that current diagnostic-system is not informed by recent scientific-breakthroughs. The NIMH-RDoC-Initiative calls for the development of new ways of classifying mental-disorders based on dimensions of observable behavior and neurobiological-measures.
Objective.– Clustering patients according to the RDoC-concept, we compared hospitalized-patients with severe-mental-illness and child-history of sexual-abuse [SMISA]vs. those without [SMINSA] by clinical-evaluation and characteristics.
Methods.– After written-informed-consent was obtained, we included 174-patients and, then, divided in two-groups: SMISA ($n = 17$,9.8%, Mean-age 41.3 SD 13.3 yrs;Women $n = 15$,88.2%) vs. SMINSA ($n = 157$, 90.2%, Mean-age 46.9 SD 14.9 yrs; Women $n = 85$, 54.1%). They were consecutively hospitalized (January–June2018) at the Acute-Psychiatric-Unit "Policlinico Tor Vergata" Hospital, Rome, Italy. The Brief-Psychiatric-Rating-Scale (BPRS), the DSMV-categorial-diagnostic evaluations and medical-records were used to evaluate clinical-characteristics.
Results.– SMISA-patients had younger age at onset of psychiatric-illness (26,62 SD 11.0), more violent-acts ($n = 12$, 70.6%), more patients with psychosis-spectrum-disorder-diagnosis ($n = 9$, 52.9%),more current-substance-use-disorder ($n = 5$, 29.41%) vs. SMINSA-patients with a psychiatric-onset at 30.5 yrs (SD 13.31), violent-acts of 49,68% ($n = 78$), with psychosis in 43.9% ($n = 69$) of the cases. SMISA-patients had more Medical-Comorbidity (64.7% N11) than SMINSA-patients (61.8%, N97). Hospital-days were similar (SMISA-patients 14.1 SD 7.2 vs. SMINSA-patients with 15.4 SD 9.6 days); The admission BPRS-score of SMISA-patients was 57.4 SD 11.8 vs. 66.2 SD 21.0 of SMINSA -patients; the discharge BPRS-score of SMISA-patients was 33.1 SD 6.3 vs. 38.9 SD 12.0

of SMINSA-patients;the discharge CPZEq-dose of SMISA -patients was 486.9 SD 324,1 vs. 366.1 SD 280.5 of SMINSA-patients. Moreover, we found the discharge LiEq-dose of SMISA-patients was 1234.5 SD 751.8 vs. 1190.0 SD 787.9 of SMINSA-patients. All SMISA-patients used BDZ at discharge (all $p > 0.05$).
Conclusions.– We found a tendency of SMISA-patients to have more severe-general-illness vs. SMINSA-patients and,therefore,a more homogenous-sample. Moreover, this is one of few studies evaluating acute-hospitalized-patients based on the RDoC-framework. Further, insight into the role of this conceptualization might help to ultimate the long-term-goal of the NIMH-RDoC-Initiative, such as precision medicine in psychiatry.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0256

Multiple sclerosis and related psychiatric syndromes

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Background and aims.– Multiple sclerosis (MS) is a degenerative autoimmune disease of the central nervous system often associated with psychopathological symptoms and signs, such as complaint of initial presentation before a definitive neurological diagnosis or more commonly with the progression of the disease. Psychiatric syndromes are one of the main contributory factors for morbidity and mortality associated with MS.
Methods.– Non-systematic review of the literature.
Results.– Up to 60% of MS patients have a psychiatric disorder concomitantly. The pathophysiological relationship between these comorbid entities remains unclear, and it is difficult to clarify whether psychiatric disorders are indicative of the severity of the disease. In addition, both the disease process and the treatments involved may adversely affect the mental health of the patient with MS. Psychiatric syndromes with particular relevance in MS are: unipolar depression, bipolar disorder and anxiety. Unipolar depression is the most frequently associated psychiatric condition, with a prevalence of approximately 50%, being an important factor related to the risk of suicide, therefore, it should be systematically investigated. Although psychiatric comorbidity is common in MS patients, its incidence and prevalence remains poorly studied.
Conclusions.– Patients with MS have high psychiatric comorbidity, with emphasis on mood disorders. Thus, they require a multidisciplinary approach in the recognition and treatment of comorbid psychiatric conditions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0257

Effects of knowing the patient's life story on the quality of the doctor-patient relationship in primary care

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Background and aims.– The importance of the doctor-patient relationship in response to medications and in the placebo response is becoming more appreciated. Doctors with greater empathy have greater mirror neuron activity. We set out to ask if the quality of the doctor-patient relationship would improve if doctors knew their patients' life stories.
Methods.– Patients with chronic pain and anxiety and/or depression were interviewed with the Northwestern University Life Story Interview. Following the interview, they rated their relationship with their doctor on the Doctor-Patient Relationship Questionnaire - 16, as well as completing rating scales regarding their levels of pain (McGill Pain Inventory), anxiety (Zung Anxiety Inventory) and depression (Center for Epidemiology Depression Scale). Doctors rated their patients on the DPRQ-16 and completed the Jefferson Empathy Scale. Then doctors were invited to read their patient's life story. We collected the same data three more times at 3–4 month intervals.
Results.– The quality of the doctor-patient relationship improved statistically significantly for both doctors and patients, though more for doctors, after reading the patients' life stories. Doctors' scores rose on average 0.8 points ($p < 0.0001$), while patients' scores improved 0.6 points ($p < 0.03$). Improvement in the doctor-patient relationship was correlated with reduction in the pain rating on the McGill Pain Inventory (0.64, $p < 0.047$), the anxiety rating on the Zung (2.2; $p < 0.019$), and the depression rating (5.4, $p < 0.016$).
Conclusions.– Knowing the patient's life story improved the doctor-patient relationship. This improvement was correlated with reduction in depression ratings, anxiety ratings, and pain ratings.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0258

The quality of liaison psychiatry written communication to accident and emergency

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Background and aims.– The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) defined core standards that should be present within medical notes from Liaison Psychiatry. These include assessment of capacity, legal status, risk assessments and care plans.
We aimed to assess the quality of documentation within Accident and Emergency notes in two district general hospitals and obtained data from feedback of these hospitals to determine how satisfied they are with our documentation. The aim of this is to determine areas of improvement and improve the quality of documentation.
Methods.– We completed two audits exploring the how compliant Liaison Psychiatry entries within A&E notes with guidelines established by NCEPOD. Each audit comprised of around 30 patients within a two week period and only included working age adult patients. We also requested feedback from referrers within A&E specifically enquiring about their perception of the quality of documentation.
Results.– We noted in both samples that risk assessment and plans are well communicated however areas which significant improvement could be made included capacity and legal status and providing a summary or formulation of the underlying difficulties. We found that overall referrers were satisfied with written documentation however were most concerned with areas concerning risk and management plans. At times it also seemed that they were less sure about a patients legal status.
Conclusions.– Areas of improvement included mental capacity and legal status and what the expected action would be if a patient attempted to leave A&E. As a result of this we introduced a proforma to improve documentation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0259

Personality traits in a sample of patients with drug-resistant epilepsy in an epilepsy unit in Barcelona

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Background and aims.– Epilepsy is associated with increased prevalence of psychopathology compared with general population and is present to a higher rate in drug resistant epilepsy (DRE), which makes treatment of DRE more complex, as it must not only focus on achieving seizure-freedom, but also on managing of psychiatric comorbidities amongst other complications (1).
During years it has been investigated how epilepsy can affect the neural circuits mediating personality (2). It has been shown that seizures may negatively influence personality development and can result in developing maladaptive personality traits (3). This can be seen to a higher extent in patients with DRE, who could show more marked personality traits.
AIM: To describe the personality profile of a sample of patients with DRE from an Epilepsy Unit of Hospital Clinic in Barcelona during a 9-year period (2008–2016).
Methods.– Retrospective study of 453 patients with DRE. Clinical and sociodemographic variables were analyzed and patients completed the PDQ-4 questionnaire. Analyses were performed using SPSS Statistics.
Results.– Sociodemographic and presence of axis I disorders and results of PDQ-4 are shown in figure1.

Variables	Results
Age (average)	36,9 years
Sex	
Men	196 (43.3%)
Women	257 (56.7%)
Localization of epileptic focus	
Temporal	225 (49.6%)
Extratemporal	130 (28.7%)
Not established	98 (21.7%)
Presence of axis I disorder	
No	273 (60.2%)
Yes	180 (39.8%)
Diagnostic categories	
Mood disorders	80 (17.7%)
Adjustment disorders	64 (14.2%)
Anxiety disorders	15 (3.3%)
Psychotic disorders	14 (3%)
Substance-related disorders	2 (0.5%)
Other disorders	5 (1.2%)

PDQ-4	Mean	SD
Paranoid	39.17	26.475
Schizoid	31.51	21.122
Schizotypal	31.39	22.287
Histrionic	30.23	17.701
Narcissistic	24.98	19.533
Borderline	31.04	21.275
Antisocial	13.62	16.786
Avoidant	40.48	25.853
Dependent	26.01	24.849
Obsessive-compulsive	44.68	22.361
Negativistic	33.44	22.861
Depressive	48.66	27.517
Cluster A	34.60	19.010
Cluster B	25.22	14.313
Cluster C	36.72	18.864
Total score	32.65	15.377

Figure 1. Sociodemographic and presence of axis I disorders and results of PDQ-4.

Conclusions.– The results from our sample show moderate and high levels of psychopathology in different subtypes of personality disorders, being particularly high (scores>30) in all the areas except for narcissistic, antisocial and dependent. They are in accordance with previous data (3,4) and suggest that the presence of abnormal personality profiles in patients with epilepsy is high, being more severe in DRE. This implies an important concern as their recognition is essential in diagnosis and management as well as its presence can affect the ability to treat the underlying epilepsy (4) and has great impact on quality of life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0260

The effect of urinary incontinence and depression in elderly on the quality of the life

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Background and aims.– Little is known about the influence of urinary incontinence and depression on individual's QOL (Quality of life). We aimed to clarify how the interaction between urinary incontinence and depression influences one's QOL.
Methods.– A total of 1262 patients were enrolled in this study. We estimated the severity of depressive symptoms and QOL, using SGDS-K, EQ-5D. We also investigated the morbidity of urinary incontinence for each patient in person or by questionnaire. Comparisons of QOL between groups with or without depression, with or without urinary incontinence were established using t-test, ANOVA and Scheffe's post hoc analysis. The interaction between urinary incontinence and depression was analyzed by each domain of QOL, using multiple regression analysis.
Results.– Patients with depression and urinary incontinence showed significantly higher EQ-5D scores on every domain of QOL than other patients, which means significantly lower QOL. Patients with depression, no urinary incontinence reported lower QOL, especially in the domain of 'usual activity', 'anxiety' and 'visual analogue scale (VAS)', whereas those with urinary incontinence, no depression showed lower QOL in 'motility', 'usual activities' and 'pain' domain. Statistically significant interaction effects of two diseases were observed in the domain of 'VAS', 'self care' and 'anxiety'.
Conclusions.– Comorbidity of urinary incontinence and depression showed significantly lower QOL of patients, compared with urinary incontinence or depression respectively, which implies additive interaction effects of two diseases. Optimal diagnosis and treatment of depression should be emphasized for patients with urinary incontinence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Comorbidity - Dual Pathologies - Part III/Neuroscience in Psychiatry - Part III

E-PP0261

Addiction to benzodiazepines and self-threatening behaviors

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Background and aims.– Benzodiazepines (BZD) are psychotropic drugs which can cause addiction. The purposes of this study were detecting the prevalence of BZD prescription, their problematic use and self-harming/suicide among abusers. We aimed at attesting

the real extent of addiction to benzodiazepines and its link with self-threatening behaviors in psychiatric outpatients.
Methods.– We recruited 2813 psychiatric outpatients from 2011 to 2017, administering the BAS (Benzodiazepine Addiction Scale) and the SHS (Self-Harming and Suicide Screening).
Results.– Most of the outpatients were affected by anxious disorders (59.5%), mood disorders (19.4%) and personality disorders (8.9%). Their BZD prescriptions increased from admission to discharge (36.1% vs 54.0%, $p < .0001$). Patients who experienced tollerance to BZD in the last year were 6.8%, sedation 8.8% and dependence 17.4%, without significant differences among the main psychiatric groups. Patients who experienced, in their lifetime, tollerance to BZD were 8.5%, sedation 10.6% and dependence 19.4%. 47.9% were positive for a problematic use of BZD in the lifetime. 3.5% of the whole sample self-harmed during the last year and 3.5% attempted suicide, without significant differences among the main psychiatric groups. During their lifetime, 8.5% of the whole sample self-harmed and 11.8% attempted suicide. Moreover, there was a highly significant association between BAS positivity and self-harming in the lifetime ($p = .002$).
Conclusions.– An increase in BZD prescription and the evidence of a pathological use underline their addictive property, that results transnosographic. Furthermore, the association between BZD addiction and self-harming behaviors stress the importance of time-limited prescription and attention to addictive behaviors and interplay with self-harming in addicted.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0262

Bidirectionality between attention deficit hyperactivity disorder and sleep disorders: what are the implications?

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Background and aims.– Attention Deficit Hyperactivity Disorder (ADHD) is a common neuropsychiatric condition and sleep disorders are an important comorbid conditions in adults with ADHD. Sleep alterations associated with adulthood ADHD are poorly understood. Our aim is to evaluate the relationship between ADHD symptom severity and sleep alterations and to explore the potential implications for treatment.
Methods.– Literature research conducted using "PubMed" database and search equation built using the MeSH terms "Attention Deficit Disorder with Hyperactivity", "Sleep Disorders, Circadian Rhythm" and "Sleep Wake Disorders".
Results.– The patient ADHD have several subjective complaints of sleep. Some primary sleep disturbances, such as sleep apnea, periodic limb movements, and circadian rhythm disturbances are frequent comorbidities in ADHD. In adult ADHD, attention and executive control are already compromised; therefore, insomnia should be recognized and treated. The treatment of ADHD has a variable effect on sleep, which depends not only on the drug, but also on the nature of the disease. In addition, pharmacological and behavioral approaches to sleep have been shown to be effective in alleviating some of the symptoms of ADHD.
Conclusions.– Both clinically significant ADHD symptoms and inattention and hyperactivity symptom dimensions were consistently associated with insomnia symptoms and altered sleep duration. Adults with ADHD should be assessed for sleep disorders, which is frequently comorbid, and both conditions should be treated. The relationship is complex and bidirectional, being modulated by interactions with the therapy used for ADHD and by psychiatric comorbidities and their treatments.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0264

Case report of a young woman treated in a specific hospitalisation unit for patients with dual disorders

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Background and aims.– This report presents the case of a 42-year-old female diagnosed of an eating disorder and borderline personality disorder who asked for a voluntary internment in our specific hospitalisation unit for patients with dual disorders due to her alcohol and benzodiazepine abuse and the misuse of sibutramine, phentermine and ephedrine, pills she would buy from the internet as a compensatory behaviour.
Methods.– A retrospective collection of data from our patient's clinical history and bibliographic review in the main search engines: PUBMED and COCHRANE.
Results.– She presented a drug-seeking behaviour, tolerance and dependence phenomenon and intense craving which led to a state of depression during her stay in our unit. As it is known patients with borderline personality disorders tend to have a self-destructive behaviour, which in this case, made it more difficult for her to manage our objectives of stopping the substance abuse and the treatment of her mood disorders.
Conclusions.– It is important to keep in mind the comorbidities that exist with the different psychiatric disorders, identifying in this case our first diagnosis of eating disorder, personality disorder and later on, substance abuse and mood disorders in order to be able to treat them all. The detection and control of the psychiatric comorbidity in our patient was a priority to be able to improve her long-term outcome.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0265

Retrospective study of obstructive sleep apnea (OSA) in an adult mental health community service

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Background and aims.– The common symptoms of obstructive sleep apnea are: daytime sleepiness, fatigue, irritability and impaired cognitive function. Obstructive sleep apnea can mimic or exacerbate symptoms of psychiatric disturbance such as depression, anxiety and panic disorders. It is associated with major depressive disorder and post-traumatic stress disorder.
Methods.– Retrospective study in a mental health community, with 340 patients. We searched through correspondence the terms "Obstructive Sleep Apnea" and "Epworth Sleepiness Scale" on active patients in the month of June 2018. 74 charts were identified.
Results.– In our sample (59% female, 41%male), there was more incidence of obstructive sleep apnea in obese patients, male gender and smokers. Obstructive sleep apnea was associated with other medical diseases, in particular hypertension and hypercholesterolemia.

From a mental health perspective and in our sample it showed a higher incidence on patients with diagnosis of depression. From a medication perspective 30% of patients with sleep apnea diagnosis were on regular SSRI. The prevalence of obstructive sleep apnea in our sample was of 7%.
Conclusions.– Is important to take obstructive sleep apnea as part of a differential diagnosis once symptoms mimics depression.
International data indicate that at least 4% of the middle aged adult population has it. On our sample the prevalence was 8%, 4% more than the general population, which makes the differential diagnosis of obstructive sleep apnea even more important.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0266

Clinical and therapeutic aspects of premenstrual syndrome comorbid with panic disorder

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Background and aims.– Premenstrual syndrome (PMS) is often comorbid with panic disorder (PD). Selective serotonin re-uptake inhibitors (SSRIs) are treatment of choice in the management of both PMS and PD when they occurred separately. PMS and comorbid PD often complicates the treatment.
Objectives.– (1) to evaluate the clinical symptoms of PMS and comorbid PD; (2) to assess the 6-month efficacy of SSRIs on the symptoms of PMS.
Methods.– Longitudinal interventional study on the clinical symptoms of PMS and comorbid PD before and during the course of SSRIs treatment. We examined 30 women (mean age 31.2 ± 7.89) suffering from PMS and a current episode of PD, verified by means of PSST and MINI, respectively.
Results.– According to our results before treatment initiation the clinical symptoms were dominated by irritability (100%), mood lability (90%), anxiety (90%), breast tension and tenderness, changes in appetite, headaches, and palpitations (100%), abdominal bloating (90%). Somatic symptoms were more than twice as common as psychological. Only moderate and severe cases were present. After 6 months of treatment most of the above mentioned symptoms were still present despite to a lesser degree of severity. Forty percent of the women were completely recovered.
Conclusions.– 1. The most prevalent symptoms in cases of PMS and comorbid PD are irritability, mood lability, breast tension and tenderness, appetite changes, headaches, palpitations, abdominal bloating. Mild cases are lacking. 2. Somatic symptoms are more prevalent being around twice as common as psychological. 3. SSRIs are an effective option for managing both somatic and psychological symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0269

Case presentation: affective disorder in multiple sclerosis

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Background and aims.– The relationship between MS and affective disorder is multi-factorial, complex and the underlying mechanisms are not clear encouraging further investigation. The growing body of knowledge for multiple sclerosis gives hints that the affective disturbances may be due to the demyelinating changes in the brain. MS most commonly goes with depressive symptoms or subtle emotional disturbances that often don't merit the criteria for making a diagnosis. In this case presentation, we decided to report a case of multiple sclerosis presenting with manic symptoms.
Methods.– Here we present a 47 year old woman, diagnosed with multiple sclerosis three years before the current admission to the adult psychiatric ward. The primary diagnosis is confirmed via CS fluid and MRI fulfilling the McDonald criteria for MS diagnosis. Previous psychiatric history is remarkable with one episode of depression one year before admission. On admission, the patient was euphoric with psychotic features, elevated mood, irritable. Few weeks before admission she is reported to have increased sexual desire, engaging with strangers over social media, planning seminars, making travel arrangements, impulsively spending money.
Results.– On admission the patient was treated with antipsychotic medication and psychostabilizer treatment was initiated. During the hospital stay, there has been marked reduction in the presenting symptoms.
Conclusions.– Differential diagnostic difficulties are encountered in patients with MS when severe affective disturbances are present. The diagnosis of bipolar disorder is secondary to the primary diagnosis of MS which proves as the candidate for the underlying cause for the affective disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0270

Connection between depressive and anxiety disorders and the rate of progression of HIV infection

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Background and aims.– In recent years the world has witnessed increased attention to mental characteristics of HIV-infected patients. There is an increased risk of HIV infection among patients with mental disorders and substance-dependent. Patients with mental disorders and receiving antiretroviral therapy (ART) typically have problems with adherence, which can result in disease progression and formation of resistant strains of HIV.
Our aim was to investigate relationship between anxiety and depressive disorders in HIV-infected patients and rate of disease progression.
Methods.– Clinical method and psychological testing were used (Spielberger-Khanin Anxiety Test, Hamilton Depression Rating Scale).
Results.– First group (G1) consisted of 62 patients with a CD-4 level of 70 to 220 cells/ml and requiring ART. Second group (G2) consisted of 72 patients with a CD-4 level of 370 to 780 cells/ml. In 24 patients (45.2%) from G1 and in 20 patients (21.7%) from G2, one of depressive disorders was diagnosed. Average anxiety score in G1 was 47.4 ± 4.5 for reactive anxiety and 44.8 ± 6.5 for personality anxiety, in G2 - 36.9 ± 8.0 - reactive anxiety and 38.6 ± 0.5 - personality anxiety. HDRS score in G1 was 12 ± 2 and 6 ± 4 points in G2. Consequently, higher rates of anxiety and depression were found in group with significantly lower immune status.
Conclusions.– Results indicate higher levels of depression and anxiety in group with more rapid progression of HIV infection. First group will be assigned to ART; and therefore, people with larger

manifestations of anxiety and depression may have trouble with adherence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0271

Mild traumatic brain injury in patients with PTSD

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Background and aims.– The mild traumatic brain injury (mTBI) is often low diagnosed in combatants especially in combination with post-traumatic stress disorder (PTSD). But this traumatization influenced a lot on the quality of successful adaptation and re-socialization during the deployment and in the postdeployment period.
Methods.– Were observed 128 postdeployment men participated in the military actions in eastern Ukraine for 0.5–4.5 years before the study with the Boston Assessment of TBI-Lifetime (BAT-L), Scale for clinical diagnosis of PTSD (CAPS-5) and Sheehan disability scale (SDC).
Results.– According to BAT-L 65.2% observed persons had at least one mTBI throughout their lives, especially 41.3% ones had at least one military mTBI, with documentary evidence in only 19.8%. But 18.1% persons did not seek medical assistance at all. According to the CAPS-5 scale, 46.5% of patients with mTBI had also PTSD, and 42.1% had an adjustment disorder. Persons with mTBI and PTSD comorbidity had the higher disability in comparison with mTBI and adjustment disorders comorbidity, and mTBI or PTSD along.
Conclusions.– Boston's assessment of traumatic brain injury during life (BAT-L), PTSD clinical diagnostic scale (CAPS-5) and Sheehan disability scale (SDC) are useful for mTBI + PTSD management.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0272

Analysis of stress-potentiating factors in the dynamics of cerebrovascular pathology development

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Background and aims.– It is generally acknowledged that psychosocial stress is one of the leading factors in the development of both mental and somatic disorders, among which cardiovascular and cerebrovascular pathology occupy the first place. Purpose: determine the structure of stress risk factors in patients with different stages of the cerebrovascular pathology.
Methods.– 383 patients were examined: 122 -with cardiovascular diseases with clinically and laboratory confirmed high risk of the cerebrovascular pathology, 134 patients with transient ischemic attacks, 127 patients who had suffered from ischemic cerebral stroke. 47 healthy persons were examined as comparison group. To test the stress level the Boston Stress Test was used.
Results.– Pathological effect of psychosocial stress is realized through meaningfully different stress-potentiating factors depending on the stage of development cerebrovascular pathology. The spectrum of stress-potentiating factors is transformed with the progressiveness of cerebrovascular pathology: at the initial stages, the behavioral factors that are offset by the progression of the disease have the biggest negative effect, giving way to psychoemotional factors that contribute to progression and aggravation of the course of cerebrovascular pathology.
Conclusions.– The presence of a somatic disease is big stress-potentiating factor that triggers a cascade of psychological, behavioral reactions from the side of the person. The direction of the psychological response depends on personal, behavioral and psychosocial factors that, with favorable course of the adaptation process in patients, in the dynamics, the cerebrovascular pathology is oriented on changing the lifestyle to health-preserving, and in the case of unfavorable, it deepens existing distress and becomes a source of psychological maladaptation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0273

Demographic profile of patients with dual diagnosis in Poland

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Background and aims.– Dual diagnosis is a term describing co-occurrence of a mental disorder with a comorbid substance abuse. Deinstitutionalization of psychiatric patients, despite obvious benefits, resulted in new challenges, such as social stigma, deterioration of family life and social exclusion. Patients facing those obstacles on their way to recovery, resort to different methods of coping with them, inter allia drugs and alcohol beverages. Our aim was to create a socialdemographic profile of patients with dual diagnosis.
Methods.– Study group was recruited from patients treated in a drug rehabilitation centre of the Upper Silesian Association "Familia" in Gliwice. The study group involved 100 patients, average age equaled 29,7 years (min age 20, max age 48), and it consisted of 9 females and 91 males.
Results.– Average age of introduction to psychoactive substances was 20.4 years (95%CI: 14.9–25.8), and the lowest initiation age was in case of alcohol (beer 13.9 years (95%CI: 13.3–14.6)) and the higher in case of designer drugs (25.2 (95%CI: 19.7–25.9)). Primary motivation for undertaking treatment was a progressive deterioration of a mental health and family pressure.
Conclusions.– Patients included into our study used a plenty of different drugs, usually in search of the substance that will improve one's mental condition. It is worth noting that majority of participants planned to undertake a new job or raise their qualifications after treatment. Therefore rehabilitation programs should cover reintegration and preparation of patients for future employment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0274

Do medical students develop more addictions while studying in medical school?

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Background and aims.– Medical school can be a period of a high stress and deterioration for students' mental health. Our cross-sectional study assesses the impact of stress on the formation of

dependencies in the students of different programs: the general medicine faculty, law and economics and finances faculty students
Methods.– 170 students: 64 medical, 31 economics and finance faculty, 75 law. PHQ, PHQ-9, STAI, Mental status examination, habits and their attitude to smoking, drinking and using recreational drugs questioner.
Results.– More than a half of the surveyed students 73% ($n = 124$) presented minimal and mild level of depression, 14% ($n = 25$) presented moderate depression level, 6% ($n = 10$) and 4% ($n = 6$) have shown the level of moderately severe depression and severe depression symptoms respectively. There are 17% ($n = 30$) who suffer from major depressive symptom, among them there are 56% ($n = 17$) medical students, 37% ($n = 11$) law, 7% ($n = 2$) economics and finance. There are almost the same number 19% ($n = 33$) who showed signs of other depressive syndromes. Panic syndrome affects 12% ($n = 20$) of students. Other anxiety syndrome affects overall of 8%($n = 14$). 5% ($n = 9$) show signs of bulimia nervosa, Binge eating disorder in total 7% ($n = 12$) and 7% ($n = 12$) are suffering from alcohol abuse.
Conclusions.– Medical students are more affected by depressive disorders ($p < 0.05$), while law and economics develop anxiety and panic disorders. Academic overload which medical students are more exposed to comparing to others can be one of the triggers of the developing symptoms. The presence of any affective disorder helps to acquire bad drinking habits while studying.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0275

Eating disorder comorbidity in a sample of personality disorder patients ongoing day hospital treatment

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Background and aims.– Research has demonstrated that Eating Disorder (ED) is highly associated with Personality Disorder, and also that when associated symptomatology is more severe and prognosis is much worse than if there is not comorbidity.
Moreover, it has been found that individuals with an ED and Personality Disorder may have poorer treatment outcome than those with Personality Disorder alone.
Methods.– We aimed to compare severity of clinical symptomatology in Personality Disorder patients with and without ED.
$N = 41$ patients in treatment at Hospital de Día Francisco Román because of Personality Disorder diagnosis. Our sample is only composed by women. PD diagnosis = 48,48%; PD and ED diagnosis = 51,2%.
This is a cross-sectional, naturalistic and descriptive study. We conducted statistical analysis to compare severity in both groups before treatment started. We measured severity through Beck Depression Inventory, State-Trate Anxiety Inventory, Global Severity Index of SCL-90- R questionnaire, Plutchik Risk Scales, among other indicators.
Results.– Significant differences were found in severity of symptomatology between PD patients and PD-ED patients. Surprisingly, results point out that PD patients without ED have more severe symptomatology (more anxiety and higher suicidal risk).
However, the results of this study show that PD patients with ED have more hospitalization admissions and stay hospitalized more time than PD patients.
Conclusions.– Results are contrary to what previous research had suggested. It seems that in the comorbid group, symptoms are focused on ED, while in PD group there are more diffuse symptomatology and higher risk of suicide.
We must continue investigating this issue and try to replicate these surprising results.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0276

Depression and comorbide cardiovascular diseases

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Background and aims.– The main objects of our research were: To study clinical structure, patterns of development, pathophysiological formation mechanisms of somatogenic depression and associated disorders in Myocardial infarction (MI) and Cerebral stroke (CS) patients.
Methods.– For conducting the research 120 patients were involved and they were divided into 2 supervision groups (60 MI patients and 60 CS patients). Examination was carried out in four stages: acute phase, subacute phase, the recovery period, consequences period. Throughout the period of the survey on the background of basic therapy patients have been conducted by psychotherapeutic correction and psychological support.
Results.– Asthenic-depressive syndrome was observed in 33,3% of patients, asthenic-anxiety in 23,3% of patients, asthenic-hypochondriac in 13,3% of patients, phobic syndrome in 16,7% of patients, anozognostical disorders in 5,0% of patients. The multimodal based system of psychotherapeutical correction of somatogenic depression depressive and associated disorders in MI and CS patients were developed. For MI patients this system includes personal - oriented, rational, and AT, for CS patients - hypnosuggestive, cognitive - behavioral therapy, cognitive and AT. 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.
Conclusions.– Among MI patients 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. Psychotherapy system decrease depression in 83% of patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0278

Spontaneous movement disorders in first episode schizophrenia: a literature review and case study

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Background and aims.– The aim of this study is to review literature of Spontaneous Movement Disorders (SMDs) in first episode schizophrenia, exploring prevalence, and associations with schizophrenia and other psychotic disorders. We will also discuss a case of a 24-year-old male who presented with SMDs and negative symptoms as first episode psychosis. This case aims to illustrate the potential for exploring both psychiatric as well as neurological signs for unusual psychiatric presentations and aspires to add to the growing list of evidence for SMDs as atypical presenting symptoms of psychosis.
Methods.– Case study and literature search of the terms "Spontaneous Movement Disorders", and "Neurological Soft Signs" using PubMed and selected relevant articles published in peer-reviewed journals.
Results.– Neurological soft signs (NSS) are described as non-localized, minor sensory and motor neurological abnormalities that are not related to an impairment of a specific brain region. A growing body of literature suggesting NSS may also have diagnostic significance in schizophrenia spectrum disorders. There have been a number of studies illustrating NSS in antipsychotic-naïve patients with psychotic disorders. This suggests that NSS may have clinical value as a "non-mental sign" for schizophrenia spectrum disorders. The positive finding of NSS correlated with the severity of schizophrenia, non-response to conventional antipsychotics, more negative symptoms, and poor prognosis.
Conclusions.– Physicians need to consider NSS in screening for first episode schizophrenia spectrum disorder. NSS as an initial presentation of schizophrenia might be predictive of a poorer prognosis and an indication for a more aggressive treatment approach to avoid a poor outcome.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0280

High homocysteine serum levels as possible treatment response/prognosis factor in psychiatry

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Background and aims.–
Introduction.– Hyperhomocysteinemia has been associated with neurological and psychiatric disorders. Although low folate and vitamin B12 levels are frequently linked to hyperhomocysteinemia, they are not the main causes. Being neurotoxic, homocysteine might be related to treatment response and/or prognosis of psychiatric patients. However, this association is not fully understood.
Objectives.– To assess serum levels of homocysteine in acute psychiatric patients and its possible association with folic acid and vitamin B12 serum levels, age, race, sex, diagnosis and hospital stay.
Methods.– Analysis of 266 consecutive medical records of patients, with homocysteine serum levels, admitted in Vila Franca de Xira Hospital's Psychiatric Department, between January 2015-December 2017.
Results.– Population: 266 patients. 43.61% (n = 116) male; 56.39% (n = 150) female. Mean age: 46.6 year-old (16–89).
A wide spectrum of psychotic and affective disorders were included.
Serum Levels.–
Homocysteine: 75.19% (n = 200) hyperhomocysteinemia vs 24.81% (n = 66) normohomocysteinemia; 78,9% (n = 142) with hyperhomocysteinemia had normal Folic Acid/B12 Vitamin.
Vitamin B12: 6.77% (n = 18) deficiency vs 85.34% (n = 227) normal levels; 7.89% levels not available (NA);
Folic acid: 10.90% (n = 29) deficiency vs 80.45% (n = 214) normal levels; 8.65% NA.
Hospital stay (mean-days): 25.1 for hyperhomocysteinemia with low folic acid and/or Vitamin B12; 19.8 for isolated hyperhomocysteinemia; 16.1 for normohomocysteinemia.
Conclusions.– The predominance of hyperhomocysteinemia not related to vitamin B12 and folic acid deficiency suggests that other factors might be relevant. Hyperhomocysteinemia was associated with longer hospital stays compared to patients with normohomocysteinemia, suggesting that hyperhomocysteinemia might be a treatment response/prognostic factor in psychiatric patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0282

Tourette disorder and obsessive-compulsive disorder: re-examining the relationship

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Background and aims.– Tourette disorder (TD) is a a neuropsychiatric movement disorder and is often accompanied by specific behavioral problems such as obsessions, compulsions, hyperactivity, distractibility, and impulsivity. Research suggest that an important number of TD patients develop clinical levels of obsessive-compulsive disorder (OCD).
The aim of this review is to analyze the distinctions and similarities between Tourette disorder and obsessive–compulsive disorder and its impact in clinical practice.
Methods.– A literature review was conducted using the PubMed search database.
Results.– The similarities between repetitive movements that are a manifestion of chronic tic disorders such as TD and repetitive behaviors characteristic of OCD makes a precise clinical differential diagnosis necessary. There is an important correlation between both entities, many patients who suffer from TS also suffer from OCD and vice versa.
In most cases making a differential diagnosis between tics and OCD is relatively easy after a correct symptom recognition. However there are borderline forms, and correct symptom recognition is crucial for choosing an appropriate treatment strategies for each disorder, which includes the pharmacological, psychotherapeutic or brainstimulation aproach.
Conclusions.– A correct understanding of the contributions of both tics and behavioral problems in patients' health-related quality of life is crucial in formulating an appropriate targeted management plan.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0283

Limbic encephalitis with anti- VGKC receptor antibodies: a case of a 53-year man with no previous neuropsychiatric history presented with manic symptoms and delusional disorder

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Background and aims.– Limbic encephalitis represents a group of autoimmune conditions, and its key symptoms are a severe impairment of short-term memory and psychiatric symptoms, as psychosis and mania.
We aim to present a case of 53-year old gentleman, with poor English who initially presented with symptoms of mania and delusional disorder.
Methods.– A 53-year old Latvian gentleman with no previous neuropsychiatric history was admitted to the psychiatric intensive care unit on 10th September 2017 following a subacute deterioration of his mental health; physically aggressive, elevated in mood, paranoid-persecutory and grandiose delusions. No cognitive deficit, no neurological symptoms. Psychosis effectively manged with zuclopenthixol deaconate due no non-compliance with oral medication, and on 25th October transferred to acute psychiatric ward with diagnosis of persistent delusional disorder.
On 10th November 2017, he had a four-minute grand mal seizure. On further assessment, cognitive decline, and severe short-term memory noted; Addenbrooke's Cognitive Examination: 55/100.
Results.– Normal ECG, neutrophilia 9.14×10^9, ALT 65 umol/l, GGT −83 umol/l, Prolactin 388 mIU/l, and Vitamin B12-184 ng/l. CT head (14th September, and 8th November 2018): normal. EEG and lumbar punction (November 2017): normal. MRI head (21st November 2017): bilateral high signal around the temporal horn, and diffusion abnormality, suggestive of encephalitis. PCR and Anti- NMDAR antibodies: negative. Anti-VGKC: positive. Patient was treated with levitiracetam and prednisolone.
Conclusions.– It is important to consider the possibility of anti-VGKC encephalitis in all patients with new-onset psychosis or mania. Red flags include neurologic symptoms such as facial twitching, seizures, confusion, and cognitive decline.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0285

Hypernatraemia and mental activity

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Background and aims.– Electrolyte disbalance affected on mental disorders, their structure and dynamics in the literature has not been sufficiently studied. Perhaps there are certain factors and patterns of the influence of hypo- and hypernatraemia on mental activity with various lesions of the brain, which requires study.
Purpose.– To study the effect serum sodium concentration on mental disorders on the model of a benign tumor of craniopharyngioma.
Methods.– 89 patients (18–65 years) after removal of craniopharyngiomas in the early postoperative period. Psychopathological, data of endocrinological, neurological, neuroimaging. Serum sodium concentrations are norm of 135–145 mmol/l.
Results.– 1 group - 43 patients (48%) with hypernatraemia: endo-suprasellar (10%), suprasellar (35%), extra-intraventricular (45%) and intraventricular (10%) craniopharyngiomas. Group 2 - 46 patients (52%) with normal serum sodium concentration: endo-suprasellar (39%), suprasellar (37%), extra-intraventricular (11%) and intraventricular (13%) craniopharyngiomas. Productive symptoms were in 80%: motor excitement, affective disorders, delirium, visual hallucinations, amnestic confusion. These disorders occurred in patients with hypernatraemia more often ($p < 0.001$) (group 1) than in patients with normal serum sodium concentration (group 2). There was a subgroup of patients with persistent long hypernatraemia (lasting more than 5–7 days) in 22 patients (51%). There were negative (deficient) symptoms: Korsakov's syndrome, apathy, increased drowsiness in 15 patients (68%). It was significantly more frequent ($p < 0.001$) compared to patients with normal serum sodium concentration.
Conclusions.– Serum sodium concentration affects a person's mental activity. Hypernatraemia can be a factor that causes productive symptoms and syndromes of mental disorders and adversely affects their dynamics.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0286

Paradoxical neurophysiological manifestations of schizophrenia

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Background and aims.– The study was aimed at analysis of complex neurophysiological and neuroimaging data in paranoid schizophrenia patients, which is important for schizophrenia pathogenesis understanding.
Methods.– Visual ERPs to neutral and emotionally negative (threatening) pictures taken from IAPS were studied in 39 paranoid schizophrenics and 43 healthy subjects. Neuroimaging studies were done in the same patients with the same stimuli.
Results.– In both groups activation to more significant emotionally negative stimuli was higher than to the neutral ones in occipital and temporal areas. This effect occurred in 200 ms after stimulus presentation in the right hemisphere, in 300 ms - in the left hemisphere, and in 400 ms–again in the right hemisphere. However, in patients in 200 ms along with the higher activation during perception of the threatening stimuli simultaneous increase of both P200 amplitude and latency took place in the left temporal area and in the right frontal and central areas - their simultaneous decrease. We called this phenomenon "paradoxical effect". In 300 ms such effect took place also in the left frontal and in 400 ms–in both prefrontal areas.
Neuroimaging analysis showed that healthy subjects "automatically" exclude the neutral stimuli from further analysis as non-significant ones. In patients this does not happen and they additionally have to use their voluntary attention resources which are limited.
Conclusions.– Neurophysiological data point that in patients processes of excitation and inhibition are simultaneously present predominantly in the anterior brain areas that is physiologically paradoxical and can be explained by the disturbance of neurotransmitters–GABA, glutamate and dopamine- function
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Consultation Liaison Psychiatry and Psychosomatics - Part I

E-PP0289

Substance use bias delays (confounding) diagnosis and treatment of ANTI-NMDAR encephalitis



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Background and aims.– Anti-*N*-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is a common autoimmune encephalitis characterized by autoantibodies produced against NMDA receptors. Prominent psychiatric symptoms in the absence of neurologic symptoms have led to misdiagnosis in multiple cases. There is limited literature addressing how false positive toxicology confounds anti-NMDAR encephalitis diagnosis. This case report is a further example of how delayed diagnosis and treatment with positive urine toxicology may lead to increased morbidity.
Methods.– Case analysis with PubMed literature review of anti-NMDAR encephalitis and co-morbid substance usage.
Results.– A 20-year-old female presented with altered mental status (AMS). Initial laboratories were unremarkable excluding mild leukocytosis and positive urine toxicology for amphetamines (false positive with ranitidine). Neurology noted no focal findings, considered a witnessed tonic-clonic seizure to be a pseudo-seizure, and cleared the patient for psychiatric care. Psychiatric consultation with collateral history from family revealed an acute onset AMS with rapid deterioration that progressed even after neurological clearance. Psychiatric diagnosis was delirium with consideration of anti-NMDAR encephalitis; psychiatry requested appropriate diagnostic evaluation including EEG, MRI, LP, and pelvic ultrasound. After a positive ultrasound with suspicion of teratoma that was confirmed by pelvic MRI, the patient received high dose steroids, IVIG and bilateral ovarian cystectomy. Despite initiation of first-line therapy, her clinical condition continued to decline, requiring transfer to a specialized hospital.
Conclusions.– Anti-*N*-methyl-D-aspartate (NMDA)-receptor encephalitis is a multi-faceted syndrome with neuro-psychiatric features that can be misdiagnosed as substance abuse disorder. We encourage a multidisciplinary approach and consideration of immediate treatment with cases of high clinical suspicion, although confirmatory diagnosis is pending.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0291

Suicidality following hsv encephalitis: a case report

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Background and aims.– Despite improvements in treatment, 40–60% of herpes simplex virus (HSV) encephalitis survivors display behavioral and personality changes. There is a dearth of literature describing suicidality following HSV encephalitis. This case aims to add literature on psychiatric outcomes of HSV encephalitis.
Methods.– Mrs. G was evaluated by each of the authors. Literature of known sequela of HSV was reviewed.
Results.– Mrs. G, a 63-year-old high functioning nurse with no significant medical or psychiatric history, was hospitalized for febrile illness with altered mental status and diagnosed with HSV encephalitis by cerebral spinal fluid (CSF) polymerase chain reaction (PCR). Acyclovir was initiated and continued for 3 weeks. Magnetic resonance imaging (MRI) demonstrated bilateral mesiotemporal lobe changes more pronounced on the right, a well-established finding of this illness associated clinically with anterograde amnesia, which persisted despite improvement in mental status. Discharge was inhibited by suicidal ideation and gestures, which the patient did not recall, with no evidence of a psychiatric disorder. Collateral information revealed a significant change in personality, including chronic irritability and histrionic symptoms, for which antidepressant trials were unhelpful. Mood stabilization with valproate also showed minimal benefit. Psychiatric hospitalization was of little utility as the patient could not participate in unit programing and could not learn new material. Mrs. G was discharged home with 24-hour supervision. One-year follow-up revealed an improved cognitive assessment but ongoing suicidal statements and irritability.
Conclusions.– Despite improved mortality, morbidity due to psychiatric sequela of HSV encephalitis remains extremely impairing with poor treatment outcomes. Suicidality may be part of this presentation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0292

Resilience moderates severity of anxiety symptoms in psoriasis patients

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Background and aims.– Psoriasis patients show a high prevalence of anxiety symptoms, associated with psoriasis-related factors, perceived stigma and quality of life. Psychological contributors to anxiety symptoms have not been extensively investigated yet. The present study focused on resilience, in an effort to explore additional factors affecting the emergence of anxiety symptoms in psoriasis patients.
Methods.– Fifty-eight study participants were recruited from the Psoriasis Outpatient Clinic of the 2nd Department of Dermatology and Venereology, Aristotle University of Thessaloniki, during a 14-month period. Sociodemographic data, psychiatric and medical history were recorded based on a semi-structured interview and patients' medical records. Psoriasis severity was evaluated by the Psoriasis Area and Severity Index, the Physician Global Assessment and the Body Surface Area. Psychometric assessment included the Beck Anxiety Inventory (BAI) and the Resilience Scale. Participants were divided into two subgroups based on the optimal BAI cut-off score.
Results.– Psoriasis patients with more severe anxiety symptoms displayed significantly lower resilience levels. Anxiety symptoms were not correlated with other variables. A stepwise regression analysis revealed that resilience was the only variable contributing significantly to the calculation of BAI score, even after controlling

for the effect of age, gender, duration and severity of psoriasis, as well as comorbidity with other physical illness.
Conclusions.– Psoriasis is a psychodermatologic condition requiring a multidimensional therapeutic approach. The evaluation and treatment of anxiety symptoms is essential for improving disorder's global outcome. Resilience may moderate severity of anxiety symptoms. Therefore, resilience-oriented interventions could either prevent the emergence, or alleviate established anxiety symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0293

Consultation-liaison psychiatry and length of stay in the general hospital: a pathway analysis

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Background and aims.– As health systems are overhauling hospital payment systems and organization, there is renewed interest in the role of consultation-liaison psychiatry (CL). While early studies suggest that timely consultations are associated with shorter length of stay (LOS), subsequent reviews questioned this. Recent analyses have addressed further interactions between factors that are associated with LOS and time to referral (TTR), including e.g. medical comorbidity and psychiatric functioning. Yet, the available studies do not account for factors that seem relevant, as time from referral to consultation (RTC) and the effects of psychotropic medication. Our study aims at analyzing factors associated with LOS in a large sample of patients, with a large set of variables and by accounting for interactions.
Methods.– Retrospective cohort analysis of $n = 3190$ adult patients referred to the CL psychiatry service of a general hospital. We use descriptive and univariate statistics for a first assessment of the patient cohort. Multiple regression will be performed to assess the association between patient characteristics and LOS. Pathway analysis will be used to elucidate the mediating role of TTR.
Results.– Univariate analysis shows that TTR, age, medication side effects and poor general functioning are associated with longer LOS; suicidal ideation, a diagnosis on Axis II and discharge at home are linked to lower LOS; diagnosis on Axis I and RTC have no significant association with LOS in our sample. Preliminary results of the multiple regression are shown in Table 1.

Variable	Standard. beta	P-value
Diagnosis on Axis II	-,026	,060
Age	,069	,000
Gender	,027	,053
Major psych. treatment previous year	,006	,626
Year of consultation	-,076	,000
Reason for consult: suicidal ideation	-,023	,059
Karnofsky index	-,095	,000
Consult to assess "Against Medical Advice"	,077	,000
Side effects for psychotropic medication	,052	,002
Somatic diagnosis	-,023	,114
Urgency of consult request	,045	,000
Discharge Location	,052	,000
Time to referral	,666	,000

Table 1. Multiple regression of length of stay ($N = 3167$)
Conclusions.– Our study will inform the debate on the role of timely psychiatric consultations in the general hospital.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0294

Collaboration between primary care physicians and consultation-liaison psychiatrists for complex cases: a case report

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Background and aims.– Mental disorders are common in primary care (25% to 60%). More than half of patients consult a primary care physician (PCP) for psychiatric symptoms. Complex situations require a close cooperation between PCPs and psychiatrists.
Our aim is to demonstrate the role of consultation-liaison (CL) psychiatrist in the management of polymorbid patients and improvement of quality of care.
Methods.– Case report of Mrs. L, a 55 years separated woman. She suffered from gastric carcinoid tumors treated with total gastrectomy and oesophagectomy, with multiple postoperative complications and chronic abdominal pains (AP). Due to these problems, she stopped working and she is socially isolated. AP worsened during the last year with an onset of anxio-depressive symptoms (ADS), motivating multiple emergency consultations and Lorazepam introduction.
Results.– During CL brief intervention (4 sessions), the hypotheses that AP worsening was a somatic manifestation of mental distress linked with her separation and social isolation, was advanced. Even if AP augmentation was not explained by an organic deterioration, a real and disabling suffering was validated and communicated to the patient and the PCP. By this way, bereavement around the loss of the patient's job, her physical health and her couple was worked-out. Anxiety symptoms were decreased and iatrogenic benzodiazepine dependence was avoided.
Conclusions.– Through our CL intervention, we made links between the patient's somatic and psychiatric symptoms, which were intertwined and mutually reinforced. Better understanding of the symptoms was introduced for the patient and the PCP, and thus, a treatment plan, taking into account the psychosomatic dimension, was mutually accepted.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0295

Beyond consultation-liaison psychiatry: mental and physical health collaboration for admission avoidance in the emergency department with older adults–a prototype model of care

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Background and aims.–
Background.– Integrated care models between physical and mental health services in the UK NHS are being asked to address their unwarranted variation in care outcomes in novel ways (NHS 2014, Naylor 2016). The purpose of this project is to demonstrate how an alternative model of psychiatric care in the acute hospital setting can better serve our patients.
Aims.– To increase the impact (admission avoidance) of the Triage and Rapid Elderly Assessment Team (TREAT) at the emergency department of the Royal Free Hospital London by improved recog-

nition, documentation and management of pre-existing mental health diagnoses in patient's being referred, including delirium.
Methods.– Project plan: To evaluate the impact of a prototype of embedded care between physical and mental health services for the older person presenting via A&E: a 4 week trial in March 2018 of a Higher Trainee Psychiatrist (project lead) working directly within the TREAT MDT on a daily basis, in a model of embedded care between mental and physical health care.
Results.– Results (4 weeks of data):
Number of complex delirium patients avoiding admission on new pathway and attributable to intervention: 3
Total cost savings from new admission avoidance (×3) attributable to project over 4 week trial: £9753
Potential annual savings from integrated care for complex delirium: £117,036
Conclusions.– By full integration of care between community, secondary care and mental health services we can achieve better outcomes at lower cost for our patient group.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0296

Dimensions of personality that are correlated with the high risk of perinatal depression and anxiety

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Background and aims.– Perinatal depression and anxiety are the most frequent psychopathological phenomena occurring in pregnancy and postnatal period that result in a wide array of negative psychological and biological consequences, both in mother and infant. Personality should be considered as a possible mediating factor for the appearance of both psychopathological conditions. Our study aims to identify the dimensional aspects of personality that could play a predictive role in the development of anxiety and depressive symptoms during the perinatal period.
Methods.– Of 202 initially assessed pregnant women, 142 were agreeing to be evaluated in the second phase of a clinical prospective study being between 6 to 8 weeks postnatally. Personality dimensions were measured based on five-factor model along with trait anxiety.
Results.– Interestingly, both depression and anxiety levels have decreased more than twice in the postnatal period compared to the antenatal period. Neuroticism has had a predictive value shared by both perinatal anxiety and antenatal depression. Low level of extraversion predicted antenatal anxiety while the high level of agreeability predicted postnatal depression. High level of trait anxiety was the strongest predictor for perinatal depression.
Conclusions.– Anxiety and depression have a similar pattern of evolution during perinatal period being more pronounced in antenatal than in postnatal period. Distinct dimensions of personality together with trait anxiety may be an interface and the mediating factors for perinatal depression and anxiety.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0297

The antipsychotic property of neoadjuvant chemotherapy regime 5-flourouracil, epidoxorubicin and cyclophosphomide (FEC) in a patient with treatment resistant schizophrenia: a case study

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Background and aims.– Chemotherapy plays a pivotal role in the armamentarium of malignant breast cancer treatment. However, little is known of their antipsychotic property. This case study aims to describe the antipsychotic property of the 5-Flourouracil, Epidoxorubicin and Cyclophosphamide (FEC) regime in a patient with treatment resistant schizophrenia.
Methods.– A case study describing the marked improvement of psychotic symptoms in a patient with treatment resistant schizophrenia upon initiation of the FEC regime is presented.
Results.– A 47 year old lady diagnosed with chronic schizophrenia for the past 25 years failed to respond to adequate dosages of several atypical antipsychotics such as risperidone, olanzapine, and quetiapine. Eventually she showed partial response to clozapine at the dose of 450 mg/day, however clozapine could not be titrated further due to severe hypotension. She was diagnosed with adenocarcinoma of the left breast a few months after clozapine was initiated. After a thorough workup, she was commenced on the neoadjuvant FEC regime and planned for 6 cycles to shrink the tumour prior to operation. At this time, she was maintained on oral clozapine 450 mg/day and still had psychotic symptoms such as persecutory delusions and loosening of association. After the fifth cycle, she had markedly improved positive and negative symptoms and did not have loosening of association.
Conclusions.– This case illustrates the antipsychotic property of the FEC regime used in a patient with treatment resistant schizophrenia. The antipsychotic property of the FEC regime could be by virtue of its dopaminergic modulation at the basal ganglia, affecting salience perception.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0298

Dissatisfaction with cutaneous body image and depression/anxiety in dermatological diseases: preliminary results

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Background and aims.– Dissatisfaction with cutaneous body image, reflecting distortion in individuals' perception of the skin, hair and nails, could be a helpful psychological construct mediating

appearance changes in dermatological diseases and mental health conditions, e.g. depression and anxiety.
Objective is to investigate an association between dissatisfaction with cutaneous body image and depression/anxiety in dermatological diseases.
Methods.– 100 patients with dermatological disorders: psoriasis ($n = 63$), localized scleroderma ($n = 20$), melanocytic nevi ($n = 17$), and healthy subjects ($n = 57$) participated in the study. The Patient Health Questionnaire (PHQ-4) was applied as a screening tool for depression and anxiety. The Cutaneous body image scale (CBIS) was used as a part of a major study of its Russian version adaptation. Mann-Whitney U-Test, Kruskal–Wallis test and Spearman correlation were applied.
Results.– Preliminary results of adaptation of CBIS showed significant differences in all 7 scale items in comparison of dermatological patients to healthy controls ($p \leq 0.05$). Comparison between dermatological diseases showed significant differences in 3 from 7 CBIS items ($p \leq 0.05$) for psoriasis indicating lower satisfaction with the overall appearance of the skin (item 1), complexion or overall color of the skin (item 2), and appearance of finger nails (item 6). Correlation analysis showed a negative relation ($r = -0.247$, $p = 0.01$) of satisfaction with cutaneous body image and PHQ depression severity and no significant relation of scores in CBIS and anxiety.
Conclusions.– Dissatisfaction with cutaneous body image is related to depression (but not to anxiety) and could have a distinguishing ability in the research of mental state of patients in different dermatologic diseases.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0299

Creutzfeldt-Jakob disease hidden by a traumatic brain injury, a case report

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Background and aims.– Creutzfeldt–Jakob disease (CJD) is a rare neurodegenerative and rapidly progressive condition, occurring in 1 to 1.5 per million population worldwide. There are 3 forms, of which the sporadic form is the most common. It presents typically at around 60 years of age with cognitive decline, ataxia, and myoclonus. This is a case report of a patient who initially presented with changes in personality after a mild traumatic brain injury (TBI) and was finally diagnosed with CJD.
Methods.– A 57-year-old male was brought by his family one month after a mild TBI. He had been experiencing changes in personality, mood, language, and motor behavior. Blood chemistry and neuroimaging were interpreted as normal. Over the next three months he progressively deteriorated with impossibility to walk, to control sphincter and to talk. A second MRI evidenced areas of hyperintensity and restriction of cortical and basal ganglia diffusion in T2, considered as MRI definitely CJD.
Results.– Despite the increasing incidence over the last decades, CJD is still rare, for which it is not usually considered as part of the differential diagnosis. In this patient, TBI acted as a confounder factor and delayed appropriate diagnosis and management. MRI played a crucial role in this patient's diagnosis process, as it was impossible to obtain samples for a neuropathologic diagnosis.
Conclusions.– A high level of suspicion is required to diagnose CJD. In patients with a rapid clinical decline, other clinical information (such as TBI) may act as a confounder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0300

Severe suicide attempts in consultation-liaison: what can we learn?

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Background and aims.– Most of people who die by suicide have psychiatric disorders, notably mood, substance-related, anxiety, psychotic and personality disorder. Another risk factor associated to suicide is drug consume. The most common methods of suicide world wide are pesticide poisoning, hanging and fire guns. Our aim is to study and describe sociodemographic and clinical characteristic of people who has committed a suicide attempt and has been recovered in a medical room due to severe physical consequences.
Methods.– We checked the clinical histories of recovered patients in a medical service because of suicide attempt, who required consultation-liaison psychiatry intervention from January 2016 to December 2017. We obtained a sample of 52 patients and we registered sociodemographic data, method of suicide attempt, diagnosis and drug abuse.
Results.– We found that the most common method was overdosing (75%), followed for precipitation (19%) and self-cutting. About 46% of patients has used any drug (alcohol, stimulants) when they did the attempt. The diagnosis were major afective disorder (31%), personality disorder (31%), adjustment disorder (27%) and psychosis (5,5%). The left 5,5% didn't have psychopathology alteration when they attempted suicide.
Conclusions.– We found that overdose is the main method of suicide with severe psychical consequences, followed by precipitation. Drug abuse is frequently associated with suicide attempt.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0301

We need help

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Background and aims.– The liaison Psychiatry or consultative psychiatry focuses its clinical interest in the interaction or meeting between psychiatry and other medicine specialties. Among the medical specialties, the assessment by consultative psychiatry of the psychosocial repercussions of the disease in the hospitalized patient is increasing its recognition.
Objective.– Current health care requires holistic and comprehensive treatment of the hospitalized patient, considering that the management and treatment of some diseases can affect the mental and emotional state of the person in addition to requiring cooperation between different medical specialties. Involvement of the patient and his family in stabilizing the disease is also required.
Methods.– We analyse the queries requested and attended during a whole year distinguishing the service that requested it and the reason why they did it.
Results.– The affective syndromes, and among them the depressive syndromes, are the most frequent reasons for the consultation to the psychiatry service. Somatization, complex in its management, occupies another place of interest. Another important reason was the intoxication, dependence or deprivation to alcohol or other substances. Low number of hematology and oncology consultations, due to their own specific programs. Most of the consultations requested by medically ill psychiatric patients for pharmacological adjustment were in patients already diagnosed and even with good therapeutic adherence.

Conclusions.– The presence of transient, acute or chronic mental disorders during the medical illness impact on the evolution and therapeutic adherence, as well as on the quality of life of the patient.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0304

Psychiatry consultation in the occupational health service - 3 years of experience in centro hospitalar de São João, Porto, Portugal

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Background and aims.– The effects of mental disorder on the working population are an increasing problem worldwide. The Occupational Health Service collaborated with the Psychiatry and Mental Health Clinic of Centro Hospitalar de São João creating a protocol of psychiatric consultation in April 2015 in order to make a better evaluation of working impairment caused by mental pathology.
We aim to examine the effectiveness in terms of organizational and clinical outcomes of three years of protocol of psychiatric consultation in the OHS.
Methods.– A retrospective study regarding psychiatric consultation in the OHS of CHSJ from April 2015 to April 2018 was carried out. Data were analyzed with SPSS (V 24.00) using descriptive statistics.
Results.– During this period 100 patients were evaluated. The typology of the patient evaluated is female, health care assistant or nurse, which has been referred due to exemption from night work. Psychiatric diagnoses were established in 71% of the patients, the most frequent was Adjustment Disorder. About a quarter (16,67%,) of the clinical presentations were directly related to work and burn-out. After the consultation, 51,5% were considered fully apt and 44,6% conditionally apt. We found that 10% of the professionals have been under limited functions due to psychiatric disease despite not having mental pathology that interfere with working capacity.
Conclusions.– The prevalence of psychiatric diseases which are not associated with chronic impairment and the significant percentage of release from consultancy determine that this program of psychiatric consulting can be an asset in occupational mental health and in the reduction of sick leave.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0305

Using research domain criteria over dsm and ICD as a means of simplifying the teaching of general practitioner trainees how to prescribe psychiatric medications

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Background and aims.– In North America, the majority of psychiatric prescribing is done by general practitioners, especially in rural areas. The DIagnostic and Statistical Manual of the American Psychiatric Association and the International Classification of Diseases are only growing in number of diagnoses and can be quite confusing to general practice trainees. We wondered if a simplified method of teaching psychiatric prescribing based upon brain circuitry would be easier for these trainees to understand and learn and still allow them to make appropriate prescriptions.
Methods.– We reconceptualized psychiatric symptoms in terms of disturbances in brain function. We generated five basic areas: (1) hopelessness and helplessness, (2) anxiety, fear, and worry, (3) disturbances in perception, processing, and interpretation of the world, (4) disturbances in goal setting, pursuit of goals, pursuit of rewards, (5) disturbances in salience, (6) disturbances in attention, (7) disturbances in central executive functioning. Within each of these seven areas, we linked brain circuits and developed a rationale for drug selection. For example, for #1, the antidepressants; #2, antidepressants, buspirone, benzodiazepines, and certain anticonvulsants; #3, antipsychotics; #4, antipsychotics, anticonvulsants; #5, antipsychotics for down regulation; agents that increase dopamine and norepinephrine for up-regulation; #6, stimulants and agents that increase dopamine and norepinephrine; #7, antipsychotics.
Results.– General practice trainees were more able to understand this simplified approach which was more grounded in brain function and contemporary neuroscience than the taxonomy approach of DSM or ICD. They felt more comfortable with psychiatric prescribing.
Conclusions.– Our reconceptualization made learning and prescribing psychiatric medications easier for general practice trainees.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Consultation Liaison Psychiatry and Psychosomatics - Part II

E-PP0306

Motivational conflicts, coping strategies and ego defense mechanisms in middle-age patients with essential hypertension: the network analysis

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Background and aims.– Many studies show that patients with essential hypertension (EH) demonstrate certain patterns of motivation, coping strategies, ego defense mechanisms, and personality traits. Network analysis could help to discover and visualize them.
The purpose of this study was to examine the interconnection of psychological variables in EH patients (motivation, coping strategies, ego defenses), compared to healthy individuals, using the network approach.
Methods.– Network analysis (Bomsbroom, 2013), 16PF Questionnaire (Cattell, Mead, 2008), TAT by H. Heckhausen, Multi-Motive Grid (Sokolowski et al., 2000), Life Style Index (Plutchik, Kellerman, Conte, 1979), The Ways of Coping Questionnaire (Folkman, Lazarus, 1988), Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij, Spinhoven, 2001), The Stroop Color and Word Test (Stroop, 1935), Hamilton Depression and Anxiety Rating Scales.
The study involved 83 naive middle-age EH patients with uncomplicated EAH, stage 1–2, average age is 51.1 ± 6.78, and 70 normotensive persons, average age is $47{,}9 \pm 6{,}6$.
Results.–

1. Patients with EH demonstrate strong correlations between different psychological variables compared to healthy individuals. This may reflect more rigid patterns of psychological functioning.

2. There are certain clusters of variables which form "small worlds" in terms of network approach in HE patients, for example self-blame coping strategy, positive thinking, achievement motivation, vigilance and privateness.
3. Depression and anxiety levels are connected to some psychological variables in HE patients and have no significant connections in healthy group.

Conclusions.– Network approach helps broaden our vision of the psychological correlations of essential hypertension, the results open up perspectives for further studies on this topic.

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E-PP0307

Psychopathological reactions of patients to chronic obstructive pulmonary disease (clinical analysis and mathematic modeling)

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Background and aims.–
Introduction.– Chronic obstructive pulmonary disease (COPD) associated with wide range of psychiatric disorders and symptoms. Among them a special place occupied by psychopathological reactions to disease, which impair quality of life, pulmonological compliance and course of COPD. Objectives of the study–identify and validate types of psychopathological reactions to disease in patients with COPD, in order to determine therapeutic strategies and conduct rehabilitation programs.
Methods.– Sample $n = 138$ outpatients with COPD (34 female). Mean age 65 (st. dev 9.4). Single-center observational study. Dependent variable–type of psychopathological reaction to disease (clinical psychopathological method was used). Independen variables: age, number of smoke cessation attempts, pulmonological therapy compliance, hemoglobin oxygen saturation (Sat O2), depression and anxiety level (HARS, HDRS), emotion regulation strategies (CERQ). Ordered logit model was used for statistical analysis.
Results.– Four types of psychopathological reactions to COPD disease were defined (via clinical psychopathological method): 1. Normal, 2. Depressive 3. With anxiety about health 4. With poor insight. Statistical analysis allowed to build a model, which describes connections between 9 independent variables with above mentioned psychopathological 4 types reactions. $\text{pci} = 1/(1 + \exp(-\alpha c + Si))$, $S = 0.07$. Age + 1.40. Number of smoke cessation attempts −2.13 Treatment + 0.24 SatO2 −0.26 HARS + 0.71 HDRS −0.19 Rumination [CERQ] −0.20 Positive thinking [CERQ] −0.30 Other blame [CERQ].
Conclusions.– Defined 4 types of psychopathological reactions to COPD disease were validated with ordered logit statistical analysis. Each type suppose personalized and differential approach to treatment (psychopharmacotherapy and psychotherapy) of patients with COPD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0308

Quality of life and psychological distress in patients with dilated cardiomyopathy

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Background and aims.– Cardiovascular diseases are the leading cause of death globally. [1] They also cause severe problems in psychological and social aspects [2].
Those with dilated cardiomyopathy (DCM) have substantial limitations in daily activities; moreover the poor prognosis may result in emotional distress among patients and their families [3].
Objectives.– To measure quality of life and psychological state in patients with dilated cardiomyopathy using standardized measures.
Methods.– This is an observational cross sectional study. A hundred patients with DCM without previous history of psychiatric disorder were included and compared to hundred healthy controls. They underwent physical examination, echocardiography. Quality of life was assessed using the short form 36 health survey (SF-36). Anxiety and depression were assessed with the hospital anxiety and depression (HAD) scale.
Results.– Patients with DCM had a worse quality of life with lower mean SF-36 score (47.9 ± 10.59) compared to the control group (69.9 ± 8.1). They also had worse HAD scale (35.2 ± 18.73) compared to the control group (17.3 ± 15.3) SF-36 score had strong positive correlation with left ventricular systolic function measured by ejection fraction (LVEF) with (r: 0.777, R^2: 60.3%, $p < 0.001$) While HAD scale had a strong negative one with (r: −0.734, R^2: 53.9%, $p < 0.001$).
Conclusions.– Patients with DCM have a worse quality of life as well as psychological distress (anxiety and depression symptoms) compared to healthy control with standardized references of 69.9 ± 8.1 and 17.3 ± 15.3 for SF-36 and HAD scale respectively. Patients with lower LVEF are at higher risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0310

Consultation-liaison psychiatry intervention in a sample of inpatients with major depressive disorder

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Background and aims.– Major Depressive Disorders (MDD) are overrepresented among patients admitted to nonpsychiatric units of general hospitals (Rentsch et al., 2007). Although it is associated with increased healthcare costs, longer hospital stays and higher functional disability (Egede, 2007), the majority of depressed patients are not identified in this setting. The objective of this investigation is to describe the clinical features of a sample of medically ill inpatients with comorbid MDD attended by a general hospital consultation-liaison psychiatry (CLP) service.
Methods.– Descriptive study assessing adult inpatients who met DSM-IV-TR diagnostic criteria for MDD admitted to non-psychiatric

units of the University Clinical Hospital of Barcelona (Spain) and who were referred to our CLP service between 2005 and 2015.
Results.– During that period, 10287 psychiatric consultations were received, 559 of them (5.4%) concerned patients with MDD. These patients were aged 61.4 ± 16 years and 58% were female. Figure 1 shows the referral sources according to specialty departments. The most frequent reasons for referral to CLP were the assessment of depressive symptoms (52.5%) and suicidal risk/attempt evaluation (14.2%). In respect to CLP intervention, 95.4% of patients with MDD received a psychopharmacological prescription and 73% required 2 or more psychiatric visits. The mean length of the hospital for patients with MDD (20.4 ± 16.5 days) was significantly longer ($p < 0.001$) than that of all the general admissions (6.8 ± 11.2 days).

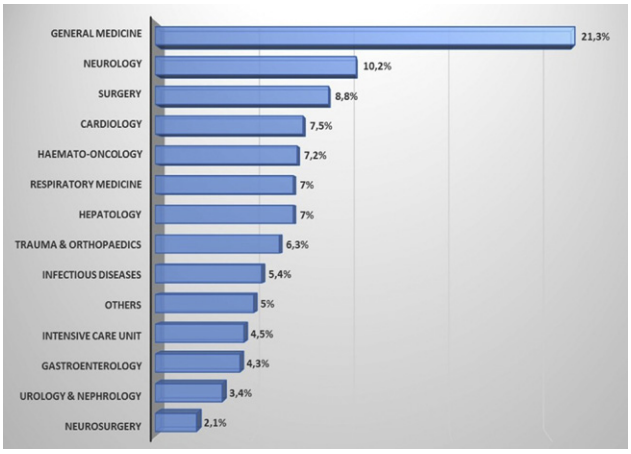


Figure 1. referral sources according to specialty departments.

Conclusions.– The impact of comorbid MDD on hospital stays and utilization of healthcare resources highlights the important role of consultant psychiatrist to improve the management of these patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0311

Exenatide worsens depression and causes suicidal ideation relapse: a case report

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Background and aims.–
Introduction.– Exenatide is a glucagon-like peptide-1 receptor agonist, belonging to incretin mimetics, approved for use in Type-2 Diabetes. It is not a known depressogenic drug, although there is a case report of Exenatide induced depression in a geriatric patient.
Objective.– To strike attention to a not well recognized side effect of Exenatide.
Methods.– Literature review in scientific database and case report presentation.
Results.– A 14-year-old boy who had a history of type 2 diabetes, admitted with severe depressive complaints and recurrent suicidal ideations. He was clinically depressed, scored 34 on Children's Depression Inventory (CDI) and started on Sertraline 50–100 mg and Supportive Therapy. After 3 months of treatment, his CDI dropped to 15 and he was also subjectively feeling better. At that stage, he was started on Exenatide 5 mcg/day for his Diabetes. After the dose increase to 10 mcg/day, he started feeling significantly more depressed and irritable, and his suicidal thoughts relapsed. His CDI was back to 32. He was added Aripiprazole 5 mg with no effect. He was hospitalized twice, both for glucose regulation and depressive symptoms. Setraline was changed to Fluoxetine with no difference. After a total of 4 months, his Exenatide was stopped and his mood responded almost immediately. As he was feeling better, Aripiprazole was cut off and he continued with 20 mg Fluoxetine. His CDI was now 17.
Conclusions.– It's important to have a holistic look at patients, and keep in mind that other treatments may affect the psychic state to various extents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0312

Utility of structured inventory of malingered symptomatology in a sample of patients with chronic pain

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Background and aims.– Pain, due to its subjective nature, is a usual place of simulation behaviour, however the research done in this field to develop or adapt tools that allow its detection is scarce. To arrive to the simulation diagnosis is necessary a multidisciplinary approach and an exquisite rigor in the application of available scientific evidence.
Objectives.– To evaluate the usefulness of the Structured Inventory of Malingered Symptomatology (SIMS) in the clinical context of a pain clinic.
Methods.– All patients were evaluated in a multidisciplinary way by an anaesthesiologist, a psychiatrist and a rehabilitator. Those who presented medically unexplained pain were referred to psychiatry for individual assessment and were given to complete the SIMS. Statistical analysis was performed using COR curves of the psychometric values obtained.
Results.– 288 patients with medically unexplained pain were assessed, 78 cases of symptom simulation were detected as the most probable diagnosis after the psychiatric interview. The values obtained for sensitivity and specificity for the SIMS tool were 0.910 and 0.757 respectively. No subscale exceeded the overall sensitivity score but the subscales of Psychosis and Amnesic Disorders had a very high specificity (0.957 and 0.910, respectively).
Conclusions.– The psychometric properties of the spanish version of the SIMS allow its use in the clinical context of a pain clinic and it supports the clinical diagnosis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0313

Psychiatric emergencies in low & middle income countries: experiences at AGA Khan University Hospital (AKUH), Karachi

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Background and aims.– Mental health services are not well-established in Pakistan and emergency room (ER) physicians are not well trained in dealing with psychiatric emergencies, leading to misdiagnosis and mismanagement. Since its inception more than 30 years ago, AKUH has been providing 24-hours consultation

service for patients referred from emergency department with psychiatric problems. The on-call psychiatric team, comprising of a resident and a consultant, takes referrals from the ER. The department maintains a database for all such referrals.
Methods.– Although database dates back to almost 20 years, we are presenting data of referrals from August 2017 to July 2018. This includes information on socio-demographic details, reason for referral, assessment, management, and outcome of referral. Data was entered and analyzed using SPSS version 19.0.
Results.– Number of consults to psychiatric services has increased gradually over the years. There were more females than males. Most patients were in the age range 21–30 years. The most common reason for referral was self-harm followed by agitation/aggression. The most common psychiatric diagnosis was mood disorders and majority of patients advised admission to psychiatric unit.
Conclusions.– Psychiatric emergencies are challenging and require urgent assessment and management to stabilize the patient. Due to lack of well-established mental health services, physicians in ER are first point of contact and need training in assessing and managing patients with psychiatric problems.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0315

Liaison psychiatry in a portuguese general hospital: improving delirium recognition among junior doctors

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Background and aims.– Despite the increase in research on delirium it remains underdiagnosed and difficult to manage. Liasion psychiatry is in a special position to help improve the management of this syndrome and junior doctors are an important population to be targeted.
We aim at exploring the understanding of junior doctors about Delirium, their ability to diagnose and treat this condition and to investigate patterns of referral to liaison psychiatry.
Methods.– Retrospective study of cases referred to liaison psychiatry during a 6-month period in a general hospital. Conduction of face-to-face Interviews with junior doctors and application of a pre-defined questionnaire.
Results.– During the study period 157 cases have been referred to liaison psychiatry; 95 were delirium cases and of those 67% were misdiagnosed as a psychiatric illness. 78% of the junior doctors in the hospital have answered a questionnaire regarding delirium identification and management; less than half correctly identified clinical characteristics of delirium; only 60% reported doing routine examinations of mental state; around 50% identified delirium as having an organic etiology; different types of delirium were correctly identified by around a third; active search of organic pathology before psychotropic administration was reported by 55%; almost 80% assume they will ask liaison psychiatry consultation in first place; almost 90% expressed the opinion that their knowledge about delirium diagnosis and management is not adequate.
Conclusions.– Delirium is often misdiagnosed as a psychiatric syndrome and psychiatry consultation is frequently requested. However, when identified, workup and pharmacological management seems appropriate. Junior doctors expressed a need for more information on delirium.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0316

Cognitive/affective and somatic aspects of depression prior to LVAD implantation and associations with mortality

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Background and aims.– Left ventricular assist devices (LVAD) are increasingly utilized as bridge to transplant (BTT) or destination therapy (DT) for patients with advanced heart failure. There is limited evidence regarding the effect of depression on these patients. We hypothesized that DT recipients would have more severe depression pre-implantation than BTT recipients. We also hypothesized that somatic symptoms would contribute more to depressive burden than cognitive/affective and would be more strongly associated with all-cause mortality post-implantation.
Methods.– In this retrospective study, pre-operative PHQ-9 scores were utilized to evaluate somatic and cognitive/affective symptoms in patients who underwent LVAD placement from 2007–2017. Demographic variables, mean PHQ-9 scores, and proportions of patients with PHQ-9 scores $\geq$10 were compared in both groups. An analysis of the effect of PHQ-9 total, somatic, and cognitive/affective scores on all-cause mortality was completed using Cox Proportional Hazards Model.
Results.– Total PHQ-9 scores did not differ between groups, but there was a trend toward more DT patients with PHQ-9 scores $\geq$10. Somatic symptoms accounted for three-quarters of total PHQ-9 scores in both groups. In Cox Proportional Hazards Models, PHQ-9 total, somatic and cognitive/affective symptoms were not associated with all-cause mortality.
Conclusions.– The mean severity of depressive symptoms and the proportion of patients with clinically significant depression did not differ between groups. Mean depressive symptoms were mild, with a preponderance of somatic symptoms. Pre-implantation depressive symptoms were not associated with post-implantation mortality. Additional work is needed to identify depression better in this population and to measure its unique effects on their clinical course and well-being.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0317

Early identification of psychological problems in young people with long-term physical conditions

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Background and aims.– Children and adolescents with long-term physical conditions are at greater risk of developing psychological problems, particularly anxiety and depression. In some countries, screening for these problems is undertaken in certain sub-groups (e.g. young people with cystic fibrosis) using individual screening instruments. The administration and scoring of these instruments can be costly and/or time-consuming and screening for multiple problems is rarely undertaken due to the lack of validated composite screeners.
Methods.– An composite electronic psychosocial screener called "YouthCHAT" has recently been developed in New Zealand and been shown to be effective for identifying adolescent anxiety, depression, substance abuse and other psychosocial problems.

The acceptability and feasibility of using YouthCHAT to identify psychosocial problems in young people with different long-term physical conditions was evaluated over a 2 month period with 30 young people attending a paediatric outpatient clinic in Auckland, New Zealand.
Results.– YouthCHAT was found to be acceptable to both young people (mean rating of 6.8 out of 10) and paediatric clinicians (87.5% rating receiving and addressing YouthCHAT results in clinic as acceptable or very acceptable). YouthCHAT screening took a mean of 6.35 (3.1–16) minutes to complete and identified cases of both depression and anxiety. Apart from a need for a strong WiFi signal, YouthCHAT proved to be feasible to use in an outpatient setting.
Conclusions.– YouthCHAT may provide a viable option for undertaking routine or opportunistic psychosocial screening in an efficient and acceptable manner.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0318

"WHIZZ! It moves, broom! it vibrates, fisst! it stretches". case report of a baillarger's hipochondriac delusion in a patient with neurosyphilis

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Background and aims.– A 63-year-old male patient with active alcoholism was admitted to the hospital with aggressive behaviors, confusional syndrome, memory disturbance and impaired balance. The patient was diagnosed with organic brain syndrome related to alcohol. He was later followed up by a neurologist because of a quick worsening of cognitive functions and neurosyphilis diagnosis was established by serum and CFR serological tests.
Methods.– After treatment with intravenous penicillin the patient presented a cognitive and behavioral improvement but remained having sensitive ataxia, hypoesthesia, diminished vibratory perception and reflexes, pricking sensation and burning pains consistent with Tabes dorsalis.
Results.– A year after, the patient started with somatic and passivity delusions with cenestesical hallucinations. He described that he could travel within his body observing his brain becoming independent and conducting a war against his body: "virus leave my brain through the top of my skull, they get me drunk, remove nicotine, my brain moves within the skull, commands me, provokes me pain, makes my organs shift and vibrate, stretches my stomach, manipulates my anus . . .."
Conclusions.– Neurosyphilis has become an unusual disease entity thanks to early treatment. The main psychiatric forms include expansive states with grandiose delusions and depressive forms. Baillarger described in 1869 hypochondriac delusions poorly systematized, childish, absurd and grotesque, variable and easily suggestible, within the framework of syphilitic dementia. It was postulated that delusion could be related to a reinterpretation by the patient of proprioceptive dysfunction caused by syphilitic mielopathy's damages.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0319

General practitioners' expectations when referring to specialists; consulation-liaison psychiatrist's perspective: a qualitative study

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Background and aims.– A referral rate of 9.44% is reported in Switzerland. General practitioners' (GP) referring motivations have yet to be further investigated. This is a central issue for consultation-liaison psychiatrists (CLPs) who process medical requests. Our aim was to describe GPs' more or less conscient motivations and experiences when they refer to specialists.
Methods.– A questionnaire survey based on the existing literature was distributed to the GPs working at the Department of Ambulatory Care and Community Medicine of the University of Lausanne. Afterwards, two focus groups (FGs) were conducted.
Results.– 32 GPs (80%) responded to our questionnaire and 18 GPs participated in FGs. Three sets of expectations emerged regarding referral: dealing with confrontation to their treatments' limits; protecting or improving the doctor-patient relationship; avoiding undesirable consequences for the GP himself (self-esteem and recognition issues). Various factors associated with referral motivations or inhibitions are exposed in Figure 1.



Figure 1. Themes constellation.

GPs' concerns and emotions are crucial during the referral process, and are influenced by multiple dynamic interpersonal interactions: doctor-patient, GP-specialists and GP- supervisor/colleagues relationships.
Conclusions.– Multiple personal and contextual factors motivate referrals to specialists. GPs' lived experience and the relationships built within their work environment are crucial in referral process. CLPs' interventions could help them to take into account (insight) and better manage these experiences; and to create efficient healthcare networks by processing and interfering into interpersonal interactions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0320

Post-traumatic stress disorder and suicidal ideation in traumatic spinal cord injury: preliminary results of a cross-sectional study

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Background and aims.–
Introduction.– Spinal cord injury (SCI) is a major traumatic event that is associated with abnormal levels of psychiatric morbidity which can interfere with rehabilitation and long-term management of the patients.
Objectives.– To analyze unmet psychiatric needs in people with traumatic spinal cord injury by exploring predictors and clinical correlates of persistent post-traumatic stress disorder (PTSD), suicidal ideation and depression.
Methods.– A consecutive series of 40 inpatients receiving rehabilitation for traumatic SCI who were at least 3 months post-injury were interviewed. Turkish version of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PCL-5), Suicidal Behaviors Scale, The Suicide Probability Scale, Patient Health Questionnaire (PHQ-9) and Brief Resilience Scale were used. Socio-demographic and clinical data were also collected.
Results.– Suicidal ideation was detected in 35% of patients. PTSD prevalence was stated 22.5%. Suicide ideation, suicide probability and depression were significantly higher in patients with PTSD ($p < 0.001$). Despite this high comorbidity rates, only 17.5% of patients were receiving any psychiatric treatment.
Conclusions.– There is a need for increase awareness among health care providers with psychiatric comorbidities in SCI.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0321

Seasonality and suicide attemps with severe consequences in consultation-liaison psychiatry

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Background and aims.– Most suicides are a consequence of either overflowing coping strategies or internal and external biological risk factors. It is known that seasons modify the disease course of mental disorders, as occurs in bipolar disorder. Several studies about suicide have highlighted the impact of exposition to sunlight, air pollution and pollination, among others, in the incidence of suicide. Our aim is to study the influence of the seasonality in the number of suicide attempts with severe consequences.
Methods.– For this purpose, we checked the clinical histories of recovered patients who were hospitalized in a medical or surgical service for suicide attempt and required consultation-liaison psychiatry interventions from January 2016 to December 2017. We obtained a sample of 52 patients and registered their sociodemographic data, date of suicide attempt, and other clinical information.
Results.– In our study sample, we found that attempted suicides occurred most frequently during fall (40.4%), while in winter and spring we found a frequency of 25%; and a 9.6% in summer.
Conclusions.– These results contrast with similar researches, which illustrate spring as the season with the largest suicide ratio. These findings may be useful in order to assist planners for prevention at different times of the year.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0322

Atypical neuroleptic malignant syndrome in an afebrile patient on second generation antipsychotic

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Background and aims.– Neuroleptic malignant syndrome (NMS) is rare but potentially fatal. It classically presents with altered mental status, fever, muscle rigidity, and autonomic dysfunction. However, the presentation can be atypical and may be associated with second generation antipsychotics (SGA). Pathophysiological mechanism in SGA may be due to dopamine receptor antagonism in hypothalamus; nigrostriatal region and skeletal muscles. This case study describes a case of NMS that presented with atypical symptoms.
Methods.– This is a case study of a 54 years old Chinese gentleman with Schizophrenia, Intellectual Disability and Epilepsy on phenytoin. His other medications were Risperidone 4 mg; Sulpiride 1200 mg and Benzhexol 4 mg each day. He presented to a general hospital in Singapore with altered mental status, agitation, generalized rigidity, decreased verbal output, diaphoresis and retention of urine.
Results.– Physical examination found diaphoresis; tachycardia; hypertension; generalized rigidity; dyskinetic movements and resting tremors. However he remained afebrile throughout his admission. Significant laboratory test (see table 1) were rising Creatinine Kinase (CK); hypocalcemia; hyperkalemia; hypophosphatemia; hyponatremia and leukocytosis while electrocardiogram showed tachycardia. He was diagnosed with NMS with atypical presentation after diagnoses like breakthrough seizure were excluded. SGA were stopped and he was managed in ICU with supportive management. He improved markedly and was discharged in 5 days.

	Day 1	Day 2	Day 3	Reference range	Unit
Creatinine Kinase	943	990	780	56-336 U/L	U/L
Troponin T	19	-	-	<=29 ng/L	ng/L
Lactate	1.2			0.5-2.2	mmol/L
Sodium	132	136	137	136-146	mmol/L
Potassium	3.5	4.1	-	3.5-5.1	mmol/L
Chloride	93	101	-	98-107	mmol/L
Bicarbonate	21.7	21.8	-	19.0-29.0	mmol/L
Glucose	7.5	5.6	-	3.9-11.0	mmol/L
Magnesium	0.63	0.98	-	0/74-0.97	mmol/L
Calcium (Corrected)	2.00	2.16	-	2.09-2.46	mmol/L
Phosphate	0.64	0.97	-	0.94-1.50	mmol/L
Alanine transaminase	27	-	-	39-99	U/L
Aspartate transaminase	28	-	-	6-66	U/L
Hemoglobin	14.6	-	-	14.0-18.0	g/L
White blood cells	11.44	-	-	4.00-10.00x10(9)	/L
Platelet	241	-	-	140-440x10(9)	/L

Table 1. Significant laboratory test

Conclusions.– This case illustrated that adverse event of NMS can occur in the long-term use of SGA. The patient may also remain afebrile. It is important to consider NMS in all cases of delirium on antipsychotics as a delay in diagnosis can be fatal.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Cultural Psychiatry/Depression - Part VI

E-PP0323

Consanguinity as a risk factor for severe mental illness: historical study of half-siblings

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Background and aims.– The role of consanguinity as a risk factor for serious mental illness continues to be a subject of debate today. There are 2 basic techniques to study this problem: the so-called Runs of Homozygosity (ROH), and the study of genealogical trees. The study of genealogical trees has obtained inconclusive results, perhaps due to the fact that, in general, studies have been limited to a maximum of 6 generations. This problem could be overcome by studying the ancestors of the royal families, in which there is no such limitation.
This work studies the coefficient of inbreeding in 8 pairs of siblings with only one common parent (half-brothers) belonging to European royal families, in which one of them might have been affected by a mental illness.
Objectives.– To determine if the coefficient of inbreeding is higher in the sick sibling than in the healthy one.
Methods.– A historical study was conducted about possible mental illnesses in European royal families, with special attention to cases involving half-brothers. Genealogical trees were created using the PED-PRO program, with a database of 25,178 individuals, calculating the coefficient of inbreeding (F) for 24 generations.
Results.– Will be shown in the poster as a graphic.
Conclusions.– Coefficient of inbreeding is greater in the sick half-brother than in the healthy one.
The study of large genealogical trees of royal families provides greater detail in the determination of the coefficient of inbreeding and its risks.
According to these results, consanguinity is a risk factor for serious mental illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0324

Celebrities' disclosure about mental health and stigma: will Mariah Carey be our Angelina Jolie?

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Background and aims.– Stigma surrounding mental health is very frequent, preventing patients from seeking care and increasing the burden of mental disorders. On April 11, 2018, singer Mariah Carey disclosed that she had Bipolar Disorder II in an interview for People magazine. Celebrity statements about health can be a powerful way to raise awareness in the general population and for patients to enter the healthcare system. This so-called "Angelina Jolie Effect", has been studied since 2013, when the American actress published an opinion column in The New York Times, in which she shared her decision to undergo a prophylactic bilateral mastectomy after she learned she had a deleterious BRCA1 mutation.
Methods.– Our study's aim is to examine the impact of Mariah Carey's interview about bipolar disorder with data analysis on Google Trends and a content analysis on People Magazine's social media page related to the article (182 comments, 93 on Twitter and 89 on Facebook).
Results.– The search query "bipolar disorder" reached its 5-year peak in popularity on Google in April 2018 in the USA. In content analysis, supportive comments about disclosure were the most common theme ($n = 49$, 27%), followed by fan comments ($n = 33$, 18%), closely followed by stigma or hatred comments ($n = 27$, 15%).
Conclusions.– There is a large public interest in celebrities' disclosures about mental health and this could be a great opportunitiy to raise awareness in the general population. Stigma toward bipolar disorder is still high on social media platforms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0325

The last shaman: understanding the refractory depression and the possible basis of ayahuasca's cultural solutions

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Background and aims.– "The last shaman" is a documentary that discusses the search for a young man to cure a refractory depression. It shows moments of extreme negativism and refractoriness of the protagonist's depression, initially submitted to pharmacological treatments and ECT. Having no answer to these therapeutic options, he began to search in Peru and Amazonia for methods of shamanic healing, culturally popular in these local communities of Latin America.
Methods.– This media lab will examine and discuss the treatment of refractory depression with ayahuasca in Native American cultures through the "Last Shaman" 2016 movie.
Results.– The media covered allows the debate on the controversial use of culturally established alternatives with no foundation in scientific literature. It is also possible to discuss the cultural influence on psychopathological understanding in these tribes and the neuropsychiatric/neurobiological repercussions of the use of Ayahuasca- a psychedelic substance- in patients with a psychiatric history. Ayahuasca is composed by the N-dimethyltryptamine, a serotonin and sigma-1 receptors agonist, and reversible IMAO A, causing changes in perception, emotion and cognition. Studies suggest its antidepressant potential, and demonstrate its safety and tolerability. These studies associate the potential action in long-term modulation of the serotonergic system, HHA axis and immune system, with an increase in prolactin, cortisol and reduction of CD3/CD4, affecting the evolution of the depressive disorder.
Conclusions.– Our proposal is to discuss the ethical, social and mental health impact of the use of Ayahuasca in cases of major depressive disorder including risks, biological basis, placebo effect and the dissemination of this cultural practice around the world.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0326

The opinion of tunisian medical students on corporal punishment

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Background and aims.– A growing number of studies have shown that corporal punishment (CP) is ineffective and harmful. However cultural diversity poses challenges and CP is still considered an acceptable method of discipline among Tunisian population. Understanding the opinion of future doctors is important to establish preventive strategies.
Objectives.– The aim of this study was to assess the opinion of the medical student about the use of CP
Methods.– A self-questionnaire has been completed by Tunisian medical students. They were asked about their personal history of CP and their opinions about physical discipline.
Results.– Our sample is composed of 140 medical students, aged between 18 and 28 years old ($M = 22$, SD = 1.68) with a sex ratio of 0.46. 71.4% of them reported a history of CP and 7.1% thought that they have been the victim of physical abuse. There was a significant association between history of CP and prediction of future use of corporal punishment (χ^2, $p = .003$). The mother used the physical discipline in 73.2%, the father in 64.9% and the teachers in 44.8% of the cases. CP was thought to be common in our society by 96.2%. Major reasons why parents use CP were: they were raised the same way (62%), they don't believe it's harmful (51%). 89.8% of the students believed using CP could have negative downsides.
Conclusions.– It's necessary to understand the cultural context of CP, in order to navigate between respecting cultural norms and assessing what can be harmful for the child.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0327

Ernest Jones and British Psychoanalysis

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Background and aims.– Remembering 100 years since the end of World War I, it is time to revisit the contribution of Dr Alfred Ernest Jones (1879 –1958), president of both the International Psychoanalytical Association and the British Psycho-Analytical Society (BPS) to British Psychoanalysis.
Methods.– Relevant writings were evaluated.
Results.– Jones was particularly inspired by Sigmund Freud's theories on psychosexual development during his early work on shell-shock. Jones was not only Freud's disciple but also his biographer and a close friend to him and his daughter Anna. Later, Jones ideas drifted from Freudian doctrine under the influence of Melanie Klein's work on child psychology and he originated with the concepts of "phallocentrism" and "aphanisis". He subsequently became the instigator of the Freud-Jones controversy: distinguishing the study of dreams or use of free association from the "true Freudian method".
Ernest Jones is a lot less known for his key role in Freud's exile to London during the Nazi invasion in World War II as he convinced the famous psychoanalyst to flee the unrest. In fact, Jones not only helped Freud to immigrate to Britain but a significant number of psychoanalysts who were to become pillars of the BPS and bring their expertise to various parts of the country.
Jones, indefatigable and talented, was a pioneer in international psychiatric relations. We owe him both the American Psychopathogical Association and the American Psychoanalytic Association.
Conclusions.– In the present day, it is important to emphasise the advantage of putting 'brains together' to allow progress.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0329

Comparison of clinical and sociodemographic variables between Spanish and Moroccan patients hospitalized in a Spanish psychiatric unit

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Background and aims.–
Background.–Transcultural psychiatry shows that presentation and prevalence of different mental disorders and suicidal behaviour changes across the different cultures, religions and races. The emigration of population (mostly young people) is associated with greater prevalence of mental disorders specially psychotic disorders.
Aims.–

1. To determine the % of Moroccans hospitalized in a Spanish psychiatric unit
2. To determine the signicantly different clinical and socidemographics characteristics between Spanish and Moroccan inpatients

Methods.– Patients: We include all psychiatric patients hospitalized in the Psychiatric Unit of General Hospital (Spain) in the last nine years.
Method.– We reviewed, retrospectively and annually, the clinical chart records of the hospitalization of all inpatients and we registered 80 clinical and sociodemographic variables.
Statystics.– In multivariate analysis (with Moroccan origin as dependent variable) we used logistic regression test including the qualitative variables significantly associated (Chi-square) in univariate analysis as independent variables.
Results.– A total of 3890 patients were hospitalized,3592 were Spanish and 157 (4% moroccan inpatients compared to the 8% Moroccan of the whole population in our region). The next Table 1 shows the odd ratio and confidence interval of variables that remain significantly associated in multivariate logistic regression analysis.

+ ASSOCIATION WITH MOROCCAN PEOPLE	OR and CI	P
MALE GENDER	3,5 (2-6)	<0.000
PSYCHOTIC DISORDER	3 (2,0-4,4)	<0.000
CANNABIS + URINE TEST	2 (1,3-2,9)	<0.001
PREVIOUS TREATMENT DROPOUT	1,5 (1-2,1)	<0.033
LOWER PREVIOUS SUICIDE ATTEMPT	2,1 (1-4)	<0.044
LAI ANTIPSYCHOTIC TREATMENT	1,6 (1-2,4)	<0.023
LOWER AGE (COVARIANCE)	1,05 (1,03-1,07)	<0.000

Table 1. the odd ratio and confidence interval of variables that remain significantly associated in multivariate logistic regression analysis.
Conclusions.–

- The prevalence of Moroccan psychiatric inpatients is underrepresented (4% compared to the 8% Moroccan people of the whole population in our region)
- The Moroccan psychiatric inpatients are significantly younger, of male gender, suffer more psychotic disorders, consume more cannabis, leave more the treatment, make lower previous suicide attempts and are treated more frequently with long-acting injectable antipsychotic treatment.

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

E-PP0330

The ottawa self-injury inventory version 3.1 speaks many languages: a systematic review of the literature

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Background and aims.– The growth in research on self-harm (non-suicidal self-injury), has been accompanied by an increase in the number of psychometric measures available to measure self-harm. The Ottawa Self-injury Inventory version 3.1 (OSI 3.1) has been used in an increasing number of studies. The OSI 3.1 contains 26 items and is made up of four subscales (occurrence, frequency, functions, and addictive features). The OSI 3.1 was developed in English and has been translated into a variety of different languages. The present aim was to review previous research that has employed the OSI 3.1 in order to critically examine the utility of the measure.
Methods.– A systematic search of pertinent research databases was undertaken to examine the use of the OSI 3.1. Subsequently, comparative analysis was undertaken between research identified using the various linguistic versions of the OSI 3.1.
Results.– The majority of the research identified was undertaken using the English, German, and French language versions of the OSI 3.1, and was conducted among young people. Three critical points with the OSI 3.1 were identified. First, a variety of translation procedures have been employed, though typically the back-translation method has been favoured. Second, there is evidence for the reliability and validity of the subscales of the various translated versions. Third, caution is noted when comparing prevalence rates across the different samples and cultures.
Conclusions.– The outcome of this systematic review provides satisfactory evidence that the OSI 3.1, in its' various linguistic forms, is a valid and reliable measure of self-harm.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0331

Development of a curriculum for improving communication of mental health clinicians with indigenous people

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Background and aims.– Significant barriers have been described in the literature for indigenous people to obtain medical care. In all countries studied, indigenous people have worse physical and mental health than the non-indigenous population and have greater problems accessing health care. One of the problematic areas lies in the provider-patient relationship and patterns of communication. We set out to develop a training program to help providers communicate more effectively with indigenous patients.
Methods.– The training program consisted of a series of video lectures with live discussion sections, practice interviews with indigenous patients, and an immersion period in the indigenous community to experience life within that community. Trainees learned to allocate more time for indigenous patients so that social yarning could occur prior to diagnostic and treatment yarning (yarning being an Australian aboriginal term for 'talking story"). They learned about the primacy of relationship for indigenous people (to people and to place). They learned circle processes for interacting in traditional ways with the patient's family and community as part of the creation of the treatment yarn. They learned about the role of ceremony and the infusion of spirituality as an everyday part of life.
Results.– Trainees reported improved understanding of indigenous patients and their cultures and increased competence in interacting with these patients. The indigenous patients reported greater comfort with the providers. Cultural competence improved.
Conclusions.– An experiential, immersion program focused around listening to stories, telling stories, eliciting stories, and co-creating a treatment/management story or yarn was more successful than conventional didactic approaches to teaching cultural competence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0332

Reconciliation justice circles for child sexual abuse: healing or traumatizing for indigenous people

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Background and aims.– Reconciliation Justice Circles (RJC) have emerged as alternative sentencing strategies for indigenous people in North America and are spreading to Europe. Beginning with the perpetrator acknowledging guilt, the circle uses traditional indigenous cultural practices and methods of communication to create a plan for reconciling all the stakeholders in the crime including the families of all parties involved in a process to restore balance and harmony in the community. Its use in child sexual abuse is controversial. In this context, psychiatrists may be asked if individuals are able to engage in this process and little data exists to inform their opinion.
Methods.– From a larger study of life stories of indigenous people related to spiritual practice and health outcome, we found 99 stories in which child sexual abuse had occurred. Among 19 of those stories, RJCs had been used. Sixteen stories involved RJC practices in which a proxy sat-in for the perpetrator. The remainder of the stories involved the conventional criminal justice system. Teams of graduate students rank ordered the stories for their sense of well-being and personal resolution of the experience. The Kruskal-Wallis statistic was used to determine differences in rank among the three groups
Results.– Participation in RJC was associated with the life stories being ranked statistically significantly higher ($p < 0.0001$). Actual RJC was almost higher ranking than proxy RJC ($p = 0.06$).
Conclusions.– Among this population, we found no evidence that RJC had negative effects upon the survivors who participated in them and may have been beneficial.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0333

"Going off the beaten track": a review on travel-related psychosis

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Background and aims.– Travelling constitutes a stress-inducing environment, which has been associated in literature with the development of mental health problems, including psychotic symptoms (Travel-related psychosis). The purpose of this review is to summarize the existing data on this topic.
Methods.– A research was performed on PubMed using the terms "travel" and "psychosis"; the resulting articles were subsequently reviewed and summarized.
Results.– The literature on Travel-related psychosis is scarce. Its occurrence has been reported more frequently in the context of travel to high cultural value destinations (e.g. Jerusalem, Paris and Florence); however, it is not clear whether it is more likely to occur in these locations. It may constitute an exacerbation of a previously diagnosed psychotic illness, a first-episode of psychosis, the result of substance abuse/withdrawal, or the consequence of a medical disorder (e.g. infections). It has been associated with several potential contributing factors, including disruption in circadian rhythms (insomnia, jet-lag), fatigue, dehydration, irregular food intake, drug use, prolonged travel in relative confinement and isolation, cultural shock and loss of control. Treatment approaches include antipsychotic medication and melatonin, although some reports suggest the symptoms could resolve spontaneously within few weeks; repatriation to a familiar environment should also be facilitated.
Conclusions.– Travel-related psychosis constitutes a difficult situation for both patients and local medical professionals. Considering the growing number of international travellers, clinicians must be aware of travel-related mental problems, and patients with a pre-existing mental illness should be offered pre-travel advice. Additional research is needed to further clarify this phenomenon.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0334

How does patient's gender affect their attitude toward psychiatrists?

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Background and aims.– Understanding patients' needs and expectations from psychiatrist is important for building a good therapeutic alliance. Gender affects our attitudes and perception and accordingly may affect patients' preferences in choosing a therapist. To our knowledge, such research is scarce and so far has not been conducted in Croatia.
With this survey we wanted to evaluate gender specific differences in patients' preference to psychiatrist gender, age and forms of addressing.
Methods.– A total of 340 in- and outpatients (66,1% male) mean age 49,76 SD 11,352 were included in survey performed from October 2017 to February 2018 in Neuropsychiatric Hospital in Popovača, Croatia. Patients were assessed with structured questionnaire about their preference to psychiatrist's gender, age group, how they like to be addressed (by name, title and surname, neutral) and how they prefer to address the psychiatrist (by name, title and surname, neutral).
Results.– The majority of the male patients are neutral about psychiatrist gender. Female participants are more likely to choose female psychiatrist ($p = 0{,}019$; df = 2; $\chi 2 = 7{,}876$). Both, male and female prefer psychiatrist to be between 35 and 50 years old. Both patients'genders are comfortable with being addressed by name or they showed to be neutral about the form of addressing, but were less likely to choose being called by title and surname. Both genders have chosen that the most appropriate form to address the psychiatrist is by title and surname.
Conclusions.– Our results show that patient's gender affects their attitude toward psychiatrist gender, age and addressing form.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0336

How ethiopean individuals comprehend social cognitive tests developed for European individuals. a cross-cultural study

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Background and aims.– Social cognitive deficits are remarkable features of many psychiatric disorders. There are several tests to measure social cognition of mentally ill patients in the European culture, however it is still a question, whether these tests can be used in other, non-Western cultures. In the present study, we investigated how Ethiopian individuals comprehend social cognitive tests developed for Europian individuals. We hypothesized that Ethiopian individuals would have some difficulties comprehending these tests due to cultural differences.
Methods.– 36 healthy Tigrinya university students (EG) and 36 matched, healthy Hungarian students (HG) were investigated. Participants took the tests in their own language. Social cognition was assessed with SCAN software (scan.ttk.pte.hu), which can detect response rates, response times and mouse-handling times. The following social cognitive domains were examined: Theory of Mind (Faux pas Test, Eyes Test), pragmatic language (irony and metaphor tests), emotion perception (Face test, pairing facial and postural emotions), social perception, gesture comprehension and empathy.
Results.– The EG was significantly slower in all tasks ($p < 0.0001$), while mouse-handling times of the groups did not differ significantly ($p = 0.278$). The two groups performed similarly in the Eyes Test ($p = 0.923$) and in the Face Test ($p = 0.086$), however, the EG performed significantly worse in the remaining tests ($p < 0.0001$). In the metaphor test the difference between the performance of the two groups was $p = 0.021$.
Conclusions.– Our results show that social cognitive tests developed for European individuals might be inappropriate to measure social cognition in Ethiopian individuals. Our results are probably due to significant cultural differences between the two groups.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0337

Effects of genetic variation in two distinct neurotransmitter systems on suicide risk-related phenotype profiles: cnr1 and GABRA6

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Background and aims.– The CNR1 endocannabinoid receptor has been one of the most promising obesity drug targets, however,

drugs acting on this receptor including rimonabant precipitated severe side effects possibly increasing suicide risk. Recently GABRA6 gene in interaction with stress showed a strong effect on suicide risk. We compared the effect of the two variants in interaction with recent stress on suicide-related risk phenotypes.
Methods.– 2206 subjects genotyped for GABRA6 rs3219151 and CNR1 rs7766029 completed the Brief Symptom Inventory, and provided information on recent stressors. Data were analysed using linear regression models testing gene-by-environment effects on each depression and anxiety symptom.
Results.– rs3219151 in interaction with stress influenced more depression-related suicide risk items and with a stronger effect than rs7766029 (e.g. thoughts of ending life $p = 0.004$ vs $p = 0.041$; feeling hopeless about the future $p = 0.019$ vs $p = 0.048$; feelings of worthlessness $p = 0.004$ vs $p = 0.034$; feelings of guilt $p = 0.002$ vs $p = 0.683$, for rs3219151 and rs7766029 respectively), except for thoughts of death or dying where rs7766029 had a more pronounced effect ($p = 0.002$ vs $p < 0.001$). Only rs3219151 had an effect on anxiety-related suicide risk including spells of panic ($p < 0.0001$) and extreme restlessness ($p < 0.001$).
Conclusions.– Both variants had a strong effect on suicide risk-related phenotypes in interaction with stress, however the effect was stronger in case of GABRA6 especially on thoughts of suicide, feelings of worthlessness, hopelessness and guilt, and unlike CNR1, it also had a strong effect on intense restlessness and drive to act immediately. Thus GABRA6 offers a possible target for pharmacological intervention in suicide risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0338

Reward related learning and anhedonia in depression and remission: a controlled cross-sectional study

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Background and aims.– Anhedonia is one of the core symptoms of depression, the degree of which is associated with overall severity and treatment resistance. Anhedonia is currently considered a multifaceted construct, broadly including deficits in wanting, liking and learning dimensions. In different mental health conditions, changes in diverse dimensions are proposed to be responsible from the anhedonia assessed clinically.
It was aimed to compare reward related learning (RRL) in patients with major depression and those with history of remitted depression, and healthy individuals.
Methods.– Participants were enrolled into either 'Remitted Major Depression' (RMD, $n = 35$), 'Major Depression' (MD, $n = 15$) or 'Control' (C, $n = 37$) groups, according to their current clinical assessment and history. Probabilistic Reward Task (PRT) was used to assess RRL. Participants were also evaluated with Chapman Physical and Social Anhedonia Scales, Clinician Administrated Snaith Hamilton Pleasure Scale Turkish Version (SHAPS-C-TR).
Results.– There was no significant difference between three groups with respect to reward related learning performance. SHAPS-C-TR scores, which overlap with the clinical assessment of anhedonia, of MD group was higher than RMD and C groups. The sample was divided into anhedonics ($n = 12$) and non-anhedonics ($n = 75$) using SHAPS-C-TR scores as the threshold criteria. Following analysis revealed that the anhedonic group performed significantly worse in PRT.
Conclusions.– In contrast to clinically assessed consummatory anhedonia which appears to be state dependent and associated with the presence of depressive symptoms, the deficits in reward-related learning are not uniformly shown in patients with major depression. RRL has stronger association with the experience of anhedonia, rather than the current or life-time presence of major depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0339A

Correlation between cultural personality with social health and psychological hardiness in married staff people

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Background and aims.– The purpose of this research was to investigate correlation between cultural personality with social health and psychological hardiness in married staff people.
Methods.– The research method was descriptive and correlational. The statistical samples consisted of 80 married people that were selected and responded to Van der Zee et al's Multicultural Personality Questionnaire (Short Form, with subscales of Cultural empathy, Flexibility, Social Initiative, Emotional stability and Open-mindedness), Ahwas's Psychological Hardiness Scale and Key's Social Health Inventory. The data were analyzed by Pearson correlation formula.
Results.– The results showed that there was a positive and significant correlation between subscales of cultural personality traits with social health and psychological hardiness in married people.
Conclusions.– The findings can be used in family counseling centers and family educational programs for increasing the social health and psychological hardiness in married people.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Depression - Part II

E-PP0343

The direct and longitudinal impact of the receptive composite montage in treating depression: a new music therapy in psychiatry

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Background and aims.– The RCM is a new receptive music therapy technique associating both the traditional and the institutional techniques. It consists in an ensemble made of six pieces of music divided into 3 phases, each one bearing two aspects: one is objective and aims to bring the patient to a relaxed state, and the other is subjective and leads to a positive mood (A phase: stimulating and negative; B phase: relaxing and neutral; C phase: awakening and positive mood).
The aims of this research are (1) to demonstrate the RCM validity by verifying its expected direct effects. (2) to demonstrate the RCM impact on depression in the medium term.

Methods.– 23 patients in Psychiatric Hospital participated in this study, 10 of whom in the control group (61,53% woman; average age = 52 + 12). The expected direct effects are measured with an oximeter, and interviews. The depression progress is estimated through Beck's depression inventory.
Results.– The heartbeats decrease during the B phase and then increase during the C phase ($F = 14.64$, $p < .001$; $F = 79.07$, $p = < .001$). The interviews report a mostly negative mood (84%) before the sessions versus a mainly positive mood afterward (88%). Furthermore, the group having attended the therapy shows depression scores lower than they were at the start, and smaller than the control group's progress ($z = .003$; $z = .012$ respectively).
Conclusions.– The RCM elicits a relaxed state and a positive mood without medication. Moreover, the ones who received the therapy in the medium-term are less pathological than the others. This study shows the advantages of using the RCM in psychiatry.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0344

RAT amygdala based altered miRNA transcriptomics and role of MIR-128-3P IN developing depression phenotype via WNT signaling

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Background and aims.– As epigenetic modifier, microRNAs (miRNAs) present novel regulators of gene expression in brain. Recent studies suggest that miRNAs can participate in depression pathogenesis by altering a host of genes that are critical in neurobiology of cortico-limbic functioning. Amygdala is part of the limbic system involved in memory modulation, fear and stress response, as well as emotional learning. The present study focused on examining whether alterations in miRNA network in amygdala is associated with susceptibility (learned helplessness: LH) or resiliency (non-learned helplessness: NLH) to develop depression in rodents.
Methods.– miRNA-specific next generation sequencing was used to identify dysregulated miRNA transcriptomics across LH and NLH, groups. Bioinformatic tools were applied to understand the target gene set enrichment and altered pathways resulting from overall miRNA dysregulation. Furthermore, miRNA-specific target interaction was determined using in-vitro transfection assay in neuroblastoma cell line.
Results.– Group-wise comparison identified 17 significantly upregulated and 8 downregulated miRNAs in LH compared to NLH group. Target prediction analysis showed that a majority of upregulated miRNAs had target genes enriched for Wnt signaling pathway. Amygdala-specific in-vivo target expression analysis also showed significant downregulated Wnt signaling genes including Wnt3, Wnt3a, Wnt5a, Wnt9b, Dvl1 and Lef1 in LH compared with NLH or control rats. In-vitro transfection assay using the most significantly upregulated miR-128-3p demonstrated marked decrease in the expression of Dvl1 and Lef1 from Wnt signaling pathway.
Conclusions.– Altogether, our study suggests that miRNAs may play an important role in depression susceptibility, which could be mediated through disruption in Wnt signaling pathway.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0348

Association between positive emotions, depression and functional recovery in post-stroke patients

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Background and aims.– Stroke is a major health problem in Malaysia which leads to substantial disease burden to the country. Post-stroke depression was well studied in association with functional outcome. However, there was no study on positive emotion in post-stroke patients in local setting. The objective of this study is to assess positive emotion and depression in post-stroke patients in Hospital Pulau Pinang and their association with functional recovery.
Methods.– A total of 136 patients at 6–12 weeks post stroke, were recruited, and assessed with Positive Emotion Rating Scale (PERS) and Montgomery-Asberg Depression Scale-Self (MADRS-S) or Malay version Montgomery-Asberg Depression Scale-Self. Functional status was assessed using Modified Barthel Index (MBI)
Results.– A total of 65.4% of patients had good positive emotion and 23.5% of patients had depression. Patients with length of stay less than 5 days were 7.3 times more likely to have good positive emotion and 12.3 times less likely to have depression. Patients with less than 3 medical co-morbidities were 4.3 times less likely to have depression. Total PERS and MADRS-S scores were significantly associated with functional independence and functional recovery. However, using multiple linear regression, only total PERS, was significantly associated with both functional independence and functional recovery. Other factors that significantly associated with post-stroke function were the length of stay, MBI (discharge), spouse and age.
Conclusions.– Positive emotion is a stronger predictor of functional independence and function recovery compared to post-stroke depression. Other predictors of functional outcome were length of stay, MBI at discharge, married status and age.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Depression - Part III

E-PP0349

Impact on clinical evolution and quality of life of comorbid diabetes-depression. do we need to improve detection in primary care?

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Background and aims.– Major Depressive Disorder (MDD) and diabetes mellitus (DM) have been recognized as worldwide major public health issues; however, in Mexico no studies to date examined the impact on clinical evolution and quality of life.
To assess the prevalence of undiagnosed MDD in patients with DM2 and to compare clinical evolution and quality of life in patients with and without current MDD.
Methods.– Comparative longitudinal study coordinated by UNAM and INTERPRET-DD. 137 DM2 patients (mean age 53.3 ± 8.21 years) were evaluated by using the MINI (Mini International Neuropsychiatric Interview), Problem Areas in Diabetes Questionnaire (PAID), Well-Being Index (WHO-5) and Patient Health Questionnaire (PHQ-

9) and a brief medical history about socio-demographic data, lifestyle factors and clinical characteristics.
Results.– Of the total sample, 27% ($n = 37$) had depression (25 women, mean age 52.0 ± 7.1 years). WHO-5 showed a lower mean for patients with vs without depression (14.2 ± 6.6 vs 23.3 ± 2.4, $p < 0.001$). PAID showed a greater uncomfortableness in depressed patients (15.8 ± 12.6 vs 5.4 ± 7.8, $p < 0.001$) and PHQ-9 showed a greater symptomatology in depressed patients (10 ± 5.5 vs 1.9 ± 3). Patients with MDD presented more complications (1.43 ± 1.16 vs 0.98 ± 1, $p = 0.01$): neuropathy (61% vs 37%) and retinopathy (43.9% vs 17%).
Conclusions.– Patients with comorbid DM2-Depression showed a greater number of complications (neuropathy/retinopathy), which represent an impact on quality of life. These findings support a recommendation for routine screening and management of comorbidity, especially for those in primary care, in order to reduce the number of non-recognized depressed diabetic patients, improve treatment adherence, decrease the number of complications and improve quality of life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0350

Psychiatrists' satisfaction, attitudes and opinions regarding current antidepressants and outlook for the future: 2018 survey

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Background and aims.– By 2030 it is expected for depression to be the leading disability in high-income countries.[1] In most cases current treatments result only in partial symptomatic improvement[2]. In the "real-world" as presented in the STAR*D study, response and remission rates were 47% and 28%, respectively.[3] In two-thirds of patients with depression significant functioning impairments persists for at least 3 more months following initiation of treatment.[4] The present study aims to investigate psychiatrists' satisfaction, attitudes and opinions regarding current antidepressants and outlook for the future.
Methods.– The data was collected via an internet survey distributed via the website of the Israel Psychiatric Association in January 2018. The satisfaction rating scale ranged from 1–10 with 1 = "completely dissatisfied" and 10 = "completely satisfied". The rating scale for agreeing or disagreeing with the statements in the survey ran from 1–10 with 1 = "completely disagreeing" and 10 = "completely agreeing" and the same range was used for indicating the importance attached to the anti-depressive treatment objectives with 1 = "completely unimportant" and 10 = "highly important". Statistical analysis was done using the χ^2-test and the *T*/*F*-test (one-way ANOVA).
Results.– Satisfaction, attitudes and opinions of the psychiatrists who participated in the survey are presented below (Figs. 1–4).,

	Improvement of affective symptoms of depression	Improvement of cognitive symptoms of depression	Improvement of somatic symptoms of depression	Improvement of patient functioning
	A	B	C	D
1-6 rating	37%	54%	44%	40%
7-8 rating	58%	42%	46%	53%
9-10 rating	5%	4%	9%	7%
Average	6.7	6.1*	6.5	6.7
N	162	162	162	162

* P < 0.05 vs A, C and D.

Figure 1. Summary of Satisfaction with Existing Treatments in the Different Dimensions.

	Clinic N=103	Hospital N=25	Difference between the groups	Periphery N=72	Center N=74	Difference between the groups
Average improvement of affective symptoms of depression	6.7	6.4	P>0.05	6.8	6.6	P>0.05
Average improvement of cognitive symptoms of depression	6.2	5.8	P>0.05	6.3	6.0	P>0.05
Average improvement of somatic symptoms of depression	6.7	6.2	P>0.05	6.7	6.4	P>0.05
Average improvement of patient functioning	6.8	6.4	P>0.05	6.8	6.8	P>0.05

Clinic - Clalit Health Services, Maccabi Healthcare Services, Meuhedet Health Services, private clinic, psychiatric hospital outpatient clinic, Ministry of Health mental health clinic.
Hospital - general hospital, psychiatric hospital department/day hospitalization.
Psychiatrists who work both in clinics and hospitals were not included.
Periphery - the north, Haifa and the Krayot, the Sharon region, the Shfela region, the south.
Center - the center, Jerusalem.
Psychiatrists who work both in the periphery and in the center were not included.

Figure 2. Distribution of Satisfaction by Workplace and Geographic Region.

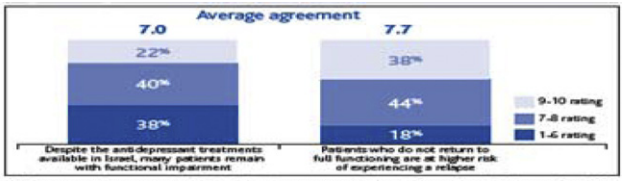


Figure 3. Agreement with Statements.

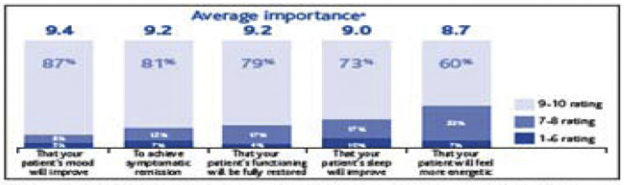


Figure 4. Importance of Drepression Treatment Goals.
Conclusions.– Psychiatrists' satisfaction with current antidepressive treatments is only partial.
- Lowest level of satisfaction is regarding cognitive symptoms of depression.
- Main treatment objectives: mood improvement, symptomatic remission and return to full functioning.
- New psychopharmacological and psychotherapeutic treatments that focus more on cognitive improvement and return to full functionality are needed for depression patients.

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

E-PP0351

Linguistic analysis of descriptions of naturally occurring events in depressed individuals: a daily diary study comparing clinically depressed and healthy controls

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Background and aims.– Major Depressive Disorder (MDD) is a debilitating disorder and one of the most common psychiatric problems. In order to advance treatment of depression, more research are needed to understand its nature and facets. One of the valuable but rarely used method of investigation of cognitive operations associated with depression is linguistic analysis of people writing style. The aim of current study was to examine differences in descrip-

tion and perception of naturally occurring events in a sample of clinically depressed and healthy individuals.
Methods.– 135 individuals with MDD and 138 nonclinical subjects participated in the study. Each day for up to two weeks, participants provided brief descriptions of events that happened to them on day in question, and rated each event in terms of its stressfulness and positivity. Descriptions of events were analysed using computerised text analysis program, Linguistic Inquiry Word Count (LIWC).
Results.– Multilevel analyses found that depressed individuals used more words related to negative emotions and less words describing positive emotions than healthy controls. Depressed referred more to other people and to the past than controls, wrote less about family and used more words reflected discrepancy. They also rated their daily experiences as more stressful and less positive. Daily stress was significantly related to events descriptions. Stressfulness of the day was positively related to frequency of words related to self and negative emotions and was negatively related to positive emotions and cognitive mechanisms.
Conclusions.– These findings suggest that depressed people perceive their naturally occurring daily events as more stressful and less positive.

E-PP0352

Changes of EEG coherence after the course of combined antidepressive treatment included transcranial magnetic stimulaton

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Background and aims.– High-frequency transcranial magnetic stimulation (TMS) of the left dorsolateral prefrontal cortex (DLPFC) confirmed as non-invasive instrumental method for improvement of clinical conditions and cognitive functions in depressive patients. Nevertheless, post-treatment EEG changes observed in brain areas beyond the site of TMS application, and in lower frequency EEG bands.
The aim of the study was the search of post-treatment EEG changes in the area of TMS application.
Methods.– Two groups of female depressive patients (age 18–49) were studied. TMS group ($n = 27$) received combined treatment included antidepressants and course of TMS (25 Hz) of left DLPFC. Control group ($n = 24$) received only pharmacotherapy. Multichannel EEG was recorded before and after course of treatment with consequent spectral-coherent EEG analysis.
Results.– After the treatment, improvement of clinical conditions (by HDRS-17) occurred in both groups, but the psychological state (by SCL-90-R), as well as decision-making (in WCST and IGT tests) appeared significantly better ($p < 0.05$) in TMS group. Post-treatment EEG coherence in TMS group increased mainly in бета2 (20–30 Hz) EEG sub-band between F7-F3 EEG leads (that is near the site of TMS application), and accompanied by increase of beta2 EEG spectral power (at tendency level). In control group EEG coherence increased in альфа2 (9–11 Hz) and тета1 (4–6 Hz) EEG sub-bands over frontal-central-temporal regions of both hemispheres and inter-hemispherically.
Conclusions.– The data obtained suggested that activation of left DLPFC by high-frequency TMS in combined antidepressive treatment improves mainly psychological conditions and cognitive functions, and reflected in changes of beta2 EEG coherence rather than spectral power.

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

E-PP0353

Kynurenine pathway in depression

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Background and aims.– Depression is one of the most common mental disorders. Major Depressive Disorder (MDD) in accordance to the inflammatory concept is associated with immunological disturbances in the central nervous system. Recent studies on neurodegenerative diseases have focused on the kynurenine metabolism. Kynurenines are the products of tryptophan metabolism. There are studies providing evidence for a role of aabnormalities of the kynurenine (KYN) pathway in the pathophysiology of depression. Nevertheless, an exact relationships between each metabolite of the KYN pathway and mood disorder remain unclear. Dityrosine is clinical marker of oxidative stress, aging and neurodegenerative diseases.
The goal of this research project is to assess the role of oxidative modification products in pathophysiology of depression.
Methods.– The study comprised of 21 patients with depression aged 30–65 who were hospitalized in the Clinic of Psychiatry of Faculty of Health Sciences, Medical University of Warsaw, Poland. Examined group included people suffering from MDD. The mean duration of the episode was 2 weeks - 1year. Blood specimens were taken to measure the levels of oxidative modification products: dityrosine, kynurenine, N-formylkynurenine, and tryptophan.
Results.– Statistical analysis revealed significant correlations (Spearman's rho, $p < 0, 05$) between kynurenine and dityrosine. Therefore the present study shows the associations between N-formylkynurenine and dityrosine (Spearman's rho, $p < 0, 05$).
Conclusions.– The results of the research may play an important role in understanding the exact role of kynurenine pathway in pathophysiology of depression. Research with response to treatment and oxidative stress associations with the kynurenine pathway taken into account pose a promising target for future studies.

E-PP0354

Depressive symptoms masking an amyotrphic lateral sclerosis: a case report

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Background and aims.– Amyotrophic lateral sclerosis (ALS) is a neurodegenerative disorder characterized by progressive loss of motor neurons, leading to physical impairment, sleep disturbance and other symptoms which may confound the diagnosis with a depressive disorder.
This case report highlights the prevalence of depressive symptoms as inaugurating symptoms of ALS and identify diagnostic means to avoid confusion.
Methods.– We have used the medical file of a patient who consulted the psychiatric department of the military hospital of Tunis.

Results.– A 46-year-old military male, married and father of three children with medical history of diabetes and dyslipidemia and psychiatric history of a depressive disorder treated 10 years ago. The patient consulted for moodiness, severe asthenia and choppy sleep with an intermittent feeling of dyspnea.
A depressive relapse was the more likely diagnosis and the patient was put on an antidepressant and anxiolytic treatment.
One month later, the patient re-consulted for a slurred speech with a worsening of his asthenia which caused him difficulty of walking. Thus, the patient was referred to the neurology consultation to eliminate an organic cause.
The explorations discovered an amyotrophic lateral sclerosis.
Conclusions.– Depressive symptomatology may feature in the early stages of ALS because of many similar features. The use of the appropriate diagnostic means allows to detect pathologies masked by a psychiatric chart.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0355

The role of inhibition in the link between daily repetitive negative thinking and daily mood



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Background and aims.– Repetitive negative thinking (RNT) is a risk, maintenance and recurrence factor in numerous psychological disorders like depression, anxiety, addiction or eating disorders (for a review see: Watkins, 2008). A recent literature suggests that one of the factors responsible for RNT recurrence might be inhibition impairment (Yang et al., 2017).
The aim of the present study was to verify whether inhibition efficiency affects the causal link between daily RNT and mood in remitted depressive patients and healthy controls. We examined the relationships with the use ecological momentary assessment (EMA) methodology.
Methods.– 25 participants underwent a 7-day assessment via mobile phone application (mood and RNT assessment 5 times a day, inhibition assessment with Emotional Stroop Task, once a day).
Results.– The results show that remitted depressive patients reported higher level of rumination comparing to healthy controls. However, the 3 level model in multilevel modeling (level 1– observations, level 2 - days, level 3–persons) did not support the results from self-reported measures. It seems that in both groups daily RNT similarly predicts negative affect. Moreover, daily inhibition efficiency of negative material strengthens the link between RNT and daily mood.
Conclusions.– The present study disentangles the causal relation between RNT and mood in daily life. The study provides also data on the role of inhibition in this relation. The results are promising in the perspective of executive functions training addressing maladaptive RNT. The study provides an important contribution to methodological concerns of comparing retrospective self-reports to daily sampling measures, supporting their potential independence.

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

E-PP0356

Prevalence of depression among students of colleges in West Siberia

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Background and aims.– Depressive disorder (DD) is the most common and severe disease in adolescents. Objective was to study the probable prevalence of DD among students of colleges.
Methods.– One-time cross-sectional survey among students from 11 colleges was carried out in Tomsk and the Tomsk Region. Total number of respondents was 797, of whom 423–male, 374–female. The clinical sample included students aged 15–19 years. Mean age was 17.38 ± 1.86. Beck Depression Inventory (BDI - version for adolescence) was used for measuring the symptoms of depression and DD. For statistical processing rank correlation, x^2-criterion was used.
Results.– The evaluation of prevalence of DD showed the following distribution: Absence of symptoms of depression was revealed in 65% ($n = 466$), separate symptoms - 18% ($n = 128$), mild DD 13% ($n = 91$), major DD 4% ($n = 28$). During comparison of distribution of depressive symptoms in rural and urban areas there were no differences. Gender differences in the incidence of depression were observed in females and males (2:1) Mild and major DD in women was higher - 23.76% ($n = 82$) than in men - 10.05% ($n = -37$), ($p < 0.0001$). This study included 368 men (51.62%), 345 women (48.38%). At rank correlation of some items in the BDI, the most significant moderate associations ($r > 0.6$) were with cognitive impairment with low self-esteem, feeling of worthlessness, anhedonia and anergy. Correlation coefficient varied from 0.63 to 0.66.
Conclusions.– As a result of the investigation with use of the BDI probable differences in DD frequency in women and men and the main symptoms of depression with cognitive changes.

E-PP0357

Features of psychosocial maladaptation in women with depressive disorder depending on its etiology

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Background and aims.– It is well-known that depressive disorders affect the quality of social functioning. At the same time, the problem of psychosocial maladaptation, which is considered both as predictor of the emergence of depression and as consequence of the disintegrating influence of the disease on adaptive mechanisms and social connections, is particularly acute. Purpose: assessment of psychosocial maladaptation in women with depressive disorders of different genesis.
Methods.– Clinico-psychopathological and psycho-diagnostic methods were used. 252 women with diagnosis of depressive disorder were examined: 94 persons with psychogenic depression, 83 women with endogenous depression, 75 -with organic depressive disorder.
Results.– In order to identify and quantify the degree of psychosocial maladaptation, based on a comprehensive analysis

of data on the peculiarities of functioning in various spheres, we have developed an original psycho-diagnostic scale that allows us to distinguish and evaluate the key trends in psychosocial maladaptation. The scale is suitable for use in clinical practice. The scale encompasses three main clusters of psychosocial functioning: macro-social (an assessment of socio-economic, socio-informational maladaptation); meso-social (an assessment of socio-professional, interpersonal maladaptation); micro-social (assessment of family, parental maladaptation).
Conclusions.– Assessment of the state of psychosocial maladaptation according to the data of the survey patients with depressive disorders of psychogenic, endogenous, organic nature allowed to establish that the severity of maladaptation in all 6 areas in patients with depression of organic genesis is the most difficult, endogenous –average, and psychogenic–the easiest. The revealed patterns are important for the planning of psychoprophylaxis and psychocorrective measures in patients with depressive disorders of various genesis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0358

The role of the sigma-1 receptor in the rapid antidepressant effect of ayahuasca

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Background and aims.– Ayahuasca is an Amazonian brew used by indigenous healers in South America. Recently, ayahuasca has been demonstrated to exhibit rapid onset antidepressant (AD) effects. We set out to understand the mechanism responsible for the rapid antidepressant action of ayahuasca.
Methods.– We conducted a PubMed search using the terms "ayahuasca," "depression," "sigma-1 receptors," and "brain derived neurotrophic factor." Articles selected for inclusion consisted of those studies that investigated the relationship between ayahuasca, depression, sigma-1 receptors, and BDNF.
Results.– Ayahuasca is a tea prepared by mixing Amazonian plants rich in harmala alkaloids, which act as monoamine oxidase inhibitors (MAOIs), and dimethyltryptamine (DMT). Ayahuasca exhibits rapid (i.e. 1–2 days) antidepressant effects. Ayahuasca binds to SIGMAR1, which increases the production of BDNF. Increased BDNF is associated with improvement in depression. Other medicines that exhibit a rapid AD response (e.g. ketamine and dextromethorphan) also act as ligands at SIGMA1R, indicating this protein may play a key role in the rapid AD response of multiple medications.
Conclusions.– We suggest ayahuasca's rapid AD response is mediated by epigenetic up-regulation of brain-derived neurotrophic factor (BDNF) resulting from modulation of sigma-1 receptors (SIGMAR1). Understanding the rapid AD response to ayahuasca and other medicines may provide clues that will help in the development of other rapidly acting antidepressant medicines.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0359

The left dorsolateral prefrontal cortex volume is reduced in adults reporting childhood trauma independent of depression diagnosis

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Background and aims.– Both major depressive disorder (MDD) and childhood trauma have been linked with brain structural changes. As childhood trauma is more highly prevalent in MDD patients, previous morphometric findings in MDD therefore might have been confounded by childhood trauma. This study aimed to differentiate the impact of childhood trauma from the influence of MDD diagnosis on gray matter (GM) volume.
Methods.– Seventy-eight subjects were recruited into four study groups ($n = 16$, MDD patients with childhood trauma exposures, CTE/MDD; $n = 14$, MDD patients without CTE, non-CTE/MDD; $n = 24$, healthy controls with CTE, CTE/HC; and $n = 24$, HCs without CTE, non-CTE/HC). All participants underwent high-resolution structural magnetic resonance scans. Voxel-based morphometry was used to investigate GM alterations, and a 2×2 analysis of variance was performed to identify the main effects of diagnosis, childhood trauma, and their interactions.
Results.– The main effects of diagnosis displayed abnormal GM volume located in the left superior parietal lobule (MDD < HC) and right middle occipital gyrus (MDD > HC). While the left dorsolateral prefrontal cortex (DLPFC) volume revealed a significant main effect of childhood trauma, as shown by decreased GM volume of the left DLPFC in subjects with CTE, regardless of diagnosis. A negative correlation was also found between the left DLPFC volume and emotion abuse in individuals reporting CTE.
Conclusions.– The present findings suggest that decreased GM volume of the left DLPFC is a function of childhood trauma rather than MDD, which may represent the risk for developing MDD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0363

Peculiarities of diagnostics and detection of depression by general practice doctors

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Background and aims.– To study the features of diagnosis and detection of depressive disorders in general medical practice.
Methods.– 220 patients were examined - 110 men and 110 women aged from 30 to 60 years. Patients were tested by Hamilton to assess the depressive state. Patients were interviewed by the method of rapid questionnaire to identify depression. Examination and evaluation of the effectiveness of treatment were carried out on an outpatient basis, and all patients underwent general somatic and neurological studies. Criteria for inclusion in the survey: patients about their health status.
Results.– As a result of hypodiagnosis, only 12% of patients received the necessary specialized care. 61% of patients with depression focused on somatic complaints. Among elderly patients who go to the clinic, patients with depression account for about 23%. 37% of them are determined by serious somatic pathology, which leads

them to depression. Analysis of all cases studied shows that depressive disorders occur in 30% of cases.
Conclusions.– The lack of diagnosis of depressive disorders by general practitioners has been determined. Hypodiagnosis occurs much more frequently, the main cause of which is the peculiarities of the clinical picture of depression, manifested in the prevalence of somatization symptoms, autonomic manifestations, sleep disorders and appetite. It should be emphasized that the identification and qualification of depression in the conditions of general practice are fraught with considerable difficulties. Only 12% of patients received the necessary specialized care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Depression - Part IV

E-PP0366

The protective effect of self-compassion on the impact of early shame and safeness memories on later depressive symptoms and safe affect

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Background and aims.– Psychological interventions that aim to promote compassion have gathered support for their effectiveness in the treatment of psychopathology. Compassion focused therapy (CFT), in particular, is a promising treatment for depression, especially for patients presenting high levels shame. CFT works to cultivate compassion competencies and reduce fears of compassion, to promote mental health and positive affect, and alleviate distress.
Although there is empirical support for the association between fears of compassion, early emotional memories and depression, this study aims to explore the protective role of compassion competencies in these associations.
Methods.– 223 participants recruited from the general population completed self-report questionnaires measuring traumatic qualities and centrality of shame memories, early memories of warmth and safeness, compassion for others, from others and self-compassion, and depressive symptoms and safe affect.
Results.– Results revealed that shame memories' traumatic qualities and centrality to identity were positively correlated with depressive symptoms and negatively with safe affect, compassion from others and self-compassion, while early memories of warmth and safeness were negatively correlated with depressive symptoms and positively with safe affect and self-compassion. Self-compassion had the strongest correlations with depressive symptoms and safe affect. Path analysis revealed self-compassion as the only significant mediator on associations between early emotional memories, depressive symptoms and safe affect.
Conclusions.– Targeting shame memories directly is important, however the current study supports the added benefit of developing compassion competencies, and therefore developing the compassionate self, to reduce depressive symptoms and enhance safe positive affect.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0367

Resilience and cognitive biases mediate the relationship between early exposure to traumatic life events and depressive symptoms in young adults



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Background and aims.– In recent years prevalence of depression in young adults has increased. Early trauma is a well-established risk factor for developing depressive disorders. However, our knowledge of potential psychological factors mediating trauma-depression relationship is limited. In light of the current findings both risk and protective factors are involved in the development of any psychopathology. Psychological resilience may have a protective function for depressive symptoms development. It was consistently demonstrated that higher levels of resilience go in line with lower severity of depression.
Our goal is to test a hypothesis that cognitive biases and psychological resilience mediate the relationship between exposure to early traumatic experiences and current depressive symptoms in young adults and to investigate the role of gender in this relationship.
Methods.– 2218 non-clinical young adults completed an online survey consisting of selected items from several questionnaires including: a short version of the Center for Epidemiological Studies-Depression Scale (CES-D), Traumatic Experience Checklist (TEC), Childhood Experience of Care and Abuse Questionnaire (CECA.Q), Davos Assessment of Cognitive Biases Scale (DACOBS-18), Connor-Davidson Resilience Scale (CD-RISC-10). Parallel mediation analyses were performed. The role of gender was considered.
Results.– A significant standardized indirect effect of childhood trauma on depressive symptoms through cognitive biases and resilience was found. A standardized direct effect of childhood traumatic life events on depressive symptoms remained also significant, meaning that mediation is complementary. An analysis by gender showed similar results for women and men.
Conclusions.– Cognitive biases and resilience are important, but not exclusive, mechanisms of the relationship between early trauma and depressive symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0376

Association between cognitive symptoms and everyday functioning in patients with major depressive disorder (MDD) in routine clinical practice in Greece

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Background and aims.– Clinical remission, as measured by commonly used rating scales, although considered as a successful treatment outcome, does not necessarily indicate patients' functional recovery. Patients' level of functioning is related, apart from mood symptoms, to other clinical domains of major depressive disorder (MDD), such as cognitive symptoms.
The aim of the current study analysis was to assess cognitive function in MDD patients clinically responded to treatment in clinical practice in Greece, applying both clinician and patient ratings and to investigate associations between cognitive symptoms and everyday functioning.
Methods.– This was a non-interventional, cross-sectional multi-site study in outpatients with MDD clinically responded to antidepressant treatment. Cognitive symptoms were evaluated by patient-rated PDQ-D (Perceived Deficits Questionnaire-Depression) and by clinician-based 6th item of MADRS scale (concentration difficulties). Patient functioning was assessed by Sheehan Disability Scale (SDS) total score. Stepwise multiple linear regression and correlation analysis were applied.
Results.– 335 patients with MDD participated in the study. 62.4% had concentration difficulties (6th MADRS Item score $\geq$2). "Concentration difficulties" was the most severely rated MADRS item and the only item correlated with functioning ($p < 0.001$). PDQ-D total score was also significantly correlated with functioning ($p < 0.001$). The highest rated PDQ-D item was the decision-making item. 46% of patients reported "having trouble making decisions" at least 3–5 times during the last 7 days.
Conclusions.– Patients included in the analysis (MADRS responders) had very frequently cognitive symptoms, either clinician or patient reported. Furthermore, cognitive function has been strongly linked with everyday functioning in clinical practice in Greece.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0378

Further validation of the postpartum depression screening scale-19

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Background and aims.– We have recently obtained a 19-item version of the Postpartum Depression Screening Scale (PDSS-19; Marques et al., 2017) through Confirmatory Factor Analysis of the PDSS-21 (Pereira et al., 2013), a Portuguese short-form of the original PDSS (35 items), less time consuming, but equally valid. Actually, PDSS-19 presented better reliability and construct validity than PDSS-21 assessing postpartum depressive symptoms. However, it is necessary to analyze its operational characteristics before using it for screening purposes.
Objectives: To determine PDSS-19 cut-off points and associated conditional probabilities to screen for major depression, according to DSM-5.
Methods.– 388 women (Mean age = 32.75 $\pm$ 4.721 years; range = 22–44) in the first sixth months of the postpartum period (M = 12.09 $\pm$ 4.251 weeks; range = 5–20) completed the PDSS-21 and were interviewed with the Diagnostic Interview for Psychological Distress–Postpartum (Xavier et al., 2015). This is a semi-structured clinical interview developed by our team, to assess the most prevalent psychiatric disorders in the perinatal period according to the DSM-5 diagnostic criteria. MedCalc was used to perform ROC analysis; cut-off points and associated conditional probabilities adjusted to the real prevalence were determined.
Results.– Major depression prevalence was of 7.7% (n = 30). The cut-off point maximizing the Youden Index (J = .73, 95% CI [.55-.80]) was 32 (95% CI: [29–34]), resulting in sensitivity of 93.33% (77.9%–99.2%), specificity of 78.77% (74.2%–88.9%), positive predictive value of 29.5% (24.3%–35.4%) and negative predictive value of 98.7% (96.7%–99.5%).
Conclusions.– The PDSS-19 presents a good combination of sensitivity and specificity, being useful for postpartum depression both in research and in primary health care settings.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0379

Prevalence and incidence of perinatal depression in Portugal: ten years later

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Background and aims.– A decade ago we reported that the postpartum prevalence of Major Depression at the third month postpartum was of 11.7%. Using the Postpartum Depression Screening Scale (PDSS-21/24) cut-offs, we estimated that the pregnancy and postpartum prevalence of Major Depression/DSM-IV, Depression/ICD-10 and of Mild/Moderate Depression with Somatic Syndrome or Severe without Psychotic Symptoms/ICD-10 was around 20% (10% for this last category).
Objectives: To estimate the postpartum Major Depression prevalence according to the DSM-5 diagnostic criteria and the caseness proportions (point-prevalence and incidence) of perinatal depressive disorder, according to the PDSS-21/24 cut-offs, based on data from a population-based sample collected more recently, ten years later.
Methods.– 388 women (Mean age = 32.75 $\pm$ 4.721 years) answered the PDSS-24 in the second pregnancy trimester and the PDSS-21 at the third month postpartum. The Diagnostic Interview for Psychological Distress was used only in the postpartum.
Results.– The postpartum prevalence of Major Depression/DSM-5 was of 7.7%, with the majority presenting the specifier "with anxious distress". According to the PDSS cut-offs, the point-prevalence of the three diagnostic categories was respectively of 19.1%, 24.0%, and 16.1% in pregnancy and of 19.3%, 17.5% and 9.5% in the postpartum. Considering the PDSS scores prospectively, from pregnancy to postpartum, 9.5%, 9.3% and 5.2% were new cases of clinical depression.
Conclusions.– In comparison with our results from a decade ago, the postpartum depression prevalence is lower; the percentages of

women with clinical significant depressive symptoms are similar. This is in line with the best available literature, including the findings that depressive symptoms prevalence is higher in pregnancy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0380

Kynurenine pathway as a target and biomarker of the antidepressant effect of ketamine

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Background and aims.– In recent decades, comprehensive evidence has accumulated that inflammation might be implied in the etiology of major depressive disorder besides monoamine imbalance classically described. In inflammatory conditions, the degradation of tryptophan is prioritized towards the production of kynurenine, leading to the production by microglial cells of quinolinic acid (QUIN), an excitotoxic NMDA receptor agonist. Ketamine is a very promising antidepressant and its NMDA antagonism might counteract QUIN accumulation.
In this study, the immune-modulating capacities of ketamine was investigated in depressed patients by examining the effect of ketamine treatment on tryptophan metabolites plasma levels.
Methods.– 15 treatment-resistant depressed in-patients received a cure of ketamine infusions (0.5 mg/kg intravenously), one or two times per week. Before and after each infusion, depression severity was assessed with the MADRS and plasma levels of tryptophan, kynurenine, kynurenic acid (KYNA), and QUIN were measured by HPLC and mass spectrometry.
Results.– We observed that pre-treatment KYNA/QUIN is a predictor of MADRS score after a ketamine infusion and after a whole cure of ketamine independently to depression severity (beta = 0.28 ± 0.07, $p = 0.0002$; beta = 1.05 ± 0.35, $p = 0.016$ respectively). The variation of QUIN after a ketamine infusion is also a predictor of the percentage of variation in MADRS score after a ketamine infusion (beta = 0.35 ± 0.14, $p = 0.015$).
Conclusions.– Ketamine acts not only by counteracting QUIN on NMDA receptors but by reducing its production. As the tryptophan metabolism pathway is mainly supported by microglia in the brain, these findings underpin the immune-modulatory capacity of ketamine, suggesting microglia as a key therapeutic target and QUIN as a biomarker of ketamine response.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0381

Effect of agomelatine 25–50 MG on social functioning in adults and older patients with major depressive disorder over 6 months

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Background and aims.– By assessing the level of functioning in addition to depressive symptoms, one likely achieves a more complete picture of "real-world" outcomes of depressed patients.
The present work assesses the long-term effect of agomelatine on functioning compared to placebo in adults and older patients suffering from Major Depressive Disorder (MDD).
Methods.– Data from two randomized, parallel, double-blind, placebo-controlled agomelatine studies, one in adult (average age: 44 years) and one in older MDD patients (average age: 72 years), that evaluated the effect on social functioning are reported.
The HAM-D_{17} scale was used to assess depressive symptoms. The effect on functioning was assessed using the Sheehan Disability Scale (SDS). SDS total and sub-item scores as well as the functional remission (SDS total score $\leq$6) were evaluated.
Results.– In each study depressive symptoms and SDS scores significantly improved versus placebo. In adults, the percentage of remitters (HAM-D 17 total score $\leq$7) was 57.4% on agomelatine versus 22.0% on placebo and the percentage of patients achieving functional remission was 53.1% on agomelatine versus 27.8% on placebo. In olders, the percentage of remitters was 33.8% on agomelatine versus 22.9% on placebo and the percentage of patients achieving functional remission was 37.4% on agomelatine versus 21.7% on placebo.
Conclusions.– In long term agomelatine improves the social functioning of adults and older depressed patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Depression - Part V

E-PP0382

Some features of clinical pathomorphosis of depressive disorders

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Background and aims.– Depressive disorders are one of the main problems in modern psychiatry. Study of their pathomorphosis is an important factor for depressive disorders prevention.
Aim of this study was to reveal features of clinical pathomorphosis of bipolar disorder (BD) and major depressive disorder (MDD) over the last 30 years.

Methods.– Medical documentation of patients with BD and MDD, who were treated during 1988–2018, was analyzed. A total of 112 cases of BD and 67 cases of MDD were studied.
Results.– The study revealed that percentage of nonspecific symptoms during the initial stage of BD and MDD increased, in particular, emotional hyperesthesia from 18.2% to 39.0% in BD, and from 23.8% to 25.0% in MDD, asthenia–from 21.2% to 41.5% in BD, and from 19.0% to 29.2% in MDD, somatic and vegetative symptoms–from 15.2% to 24.4% in BD, and from 14.3% to 16.7% in MDD, sleep disorders - from 24.2% to 36.6% in BD and from 28.6% to 33.3% in MDD. In the manifest stage structure, percentage of anxiety symptoms increased from 39.4% to 63.4% in BD, and from 42.9% to 66.7% in MDD, somatic and vegetative symptoms–from 57.6% to 80.5% in BD, and from 61.9% to 87.5% in MDD, sleep disorders from 78.8% to 100% in BD, and from 81.0% to 100% in MDD.
Conclusions.– Thus, clinical pathomorphosis of depressive disorders is characterized by tendency towards increase in severity of nonspecific symptoms at the initial and manifest stages, as well as increase of anxious forms of depression in general.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0384

Can whole body cryotherapy become an add-on treatment for depressed people?

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Background and aims.– Whole-body cryotherapy (WBC) is already proven method in somatic medicine and among standards of supportive therapies in rheumatoid, neurological diseases (e.g. multiple sclerosis) and biological rejuvenation (athletes). WBC is a short, repeatable application of stimuli of very low temperature (<−110 °C) in a short period of time (2–3 min) on whole body surface to provoke positive physiological and immunological reactions of human body. There is limited data (Rymaszewska 2003; Rymaszewska 2008; Miller 2011) about the WBC in mood disorders, although the effectiveness of WBC may be associated with inflammatory depression theory.
The aim was to confirm if short, repetitive exposition to extreme low temperatures may support treatment of depressed patients.
Methods.– According to RCT protocol 117 patients with depressive disorder (F.32, F.33) under standard psychopharmacology were assessed for eligibility, among which 92 were randomized into experimental ($n = 50$) and control ($n = 42$) group. Experimental group undergo 10 sessions of WBC daily from −110 to −160 °C, 2–3 min each, whereas control into −50 °C. Before the first and after the last WBC the Beck Depression Inventory and self-report scale of "well-being" including: mood, level of motivation and sleep quality with Visual Analogue Scale were collected.
Results.– Finally, 33 participants in experimental and 30 in control group ended the study. The level of depressive symptoms significantly decreased after WBC ($p < 0.05$). More significant improvement of self-reported well-being comparing to controls was also observed (VAS, $p < 0.05$).
Conclusions.– The results are very promising and prove that WBC as an adjuvant treatment in depression is worth exploring in further studies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0385

A randomized, double-blind study comparing the efficacy and safety of trazodone oad and venlafaxine XR for the treatment of patients with major depressive disorder

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Background and aims.– To generate new data about the efficacy and safety of trazodone OAD in patients with Major Depressive Disorder (MDD), a randomized, non-inferiority clinical trial against venlafaxine XR, was implemented.
The primary efficacy end-point of the study was the demonstration of the non-inferiority of trazodone OAD vs. venlafaxine XR evaluated as change from baseline at final visit (day 56) on the 17-items HAMD total score.
Methods.– Randomized, venlafaxine-controlled, double-blind, parallel design study. A total of 166 patients in the trazodone OAD 300 mg/day group and 158 in the venlafaxine XR 75 mg/day group were randomized.
Results.– Both treatments showed a good efficacy in terms of reduction of HAMD-17 total score at day 56 (ITT: trazodone OAD -12.9 ± 6.82, venlafaxine XR -14.7 ± 6.56; PP: trazodone OAD -15.4 ± 5.32, venlafaxine XR -16.4 ± 5.39), demonstrating the non-inferiority of trazodone OAD vs. venlafaxine XR.
Notably, patients in the trazodone OAD arm achieved a statistically significant reduction in the HAMD-17 score after 7 days of treatment only.
The most frequent AEs were dizziness and somnolence in the trazodone OAD group, nausea and headache in the venlafaxine XR group. Overall, the intensity of AEs experienced on both treatments was mild to moderate in majority of the cases.
Conclusions.– This trial confirmed that trazodone OAD and venlafaxine XR represent an effective and relatively safe therapeutic option for patients with MDD; moreover, trazodone OAD was able to reduce MDD symptoms after only 7 days of treatment, providing a fast onset of action.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0387

Face memory and the perception of emotions in women with depression

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Background and aims.– Intensive study of the processes of the perception of emotions in the recent decades has shown correlation between such perception and the effectiveness of social functioning and the quality of life. At the same time, the peculiarities of the emotion perception in correlation with the severity of depressive symptoms have not been studied enough.
Objectives.– To study the face memory and the emotion perception in women suffering from depression.
Methods.– The evaluation of the emotion perception produced by the neuropsychological battery (PennCNP) of the University of

Pennsylvania. The assessment of the severity of depression was carried out using the Beck questionnaire.
Results.– As a result, the decrease of the ability to remember faces and the decrease of the ability to distinguish the differences in the expression of emotions have been revealed in women, suffering from the depressive disorder. The degree of the deficits in such women is on the level between the results of patients suffering from schizophrenia and mentally healthy women. The negative moderate correlations were revealed between the severity of the depression and the parameters "the amount of correct answers in detecting the happiness" ($r = -0{,}399$) and "the amount of correct answers in detecting sadness" ($r = -0{,}294$) in the group of women, suffering from depression.
Conclusions.– In the conducted study it was revealed, that the face memory and the ability to detect differences in emotions in women with the depressive disorder is less expressed than in schizophrenia patients. This fact corresponds to a dimensional model of psychotic disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0389

Socio-demographic and clinical predictors of recurrence in major depressive disorder

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Background and aims.– Specific predictors of relapse/recurrence in major depressive disorder (MDD) have been identified. However, evidence to this regard are currently inconsistent across studies. Thus, the present study aimed to identify the most relevant socio-demographic and clinical predictors of MDD recurrence in a large sample of 508 MDD outpatients.
Methods.– The sample of this naturalistic cohort study included 508 currently euthymic MDD patients (mean age = 54.1 ± 16.2) of which 53.9% had a single and 46.1% had recurrent depressive episodes. A detailed data collection was performed and the illness histories were retraced through clinical files and lifetime computerized medical records.
Results.– Compared to MDD patients with single episode, MDD patients with recurrent episodes significantly differ regarding age, age at first treatment, gender, working status, and family history of mental disorders, typical depressive characteristics at first episode, psychotic symptoms at first episode, duration of untreated illness, melancholic characteristics, seasonality, and comorbid cardiovascular/endocrinological conditions. However, after multivariate analyses adjusting for age, gender, educational level, and working status, recurrence was associated with typical depressive features at first episode ($\beta = 4.635$; $p \leq 0.001$), melancholic features ($\beta = 4.011$, $p \leq .05$), age at first treatment ($\beta = -9.723$; $p \leq .005$), duration of untreated illness ($\beta = -5.630$; $p \leq .05$), and current age ($\beta = 14.702$; $p \leq 0.001$).
Conclusions.– The predictors of recurrence of major depressive episodes identified in the current study may aid in the stratification of patients who could benefit from more intensive maintenance treatments for MDD. However, clinicians should rapidly identify cases that are not likely to recur in order to avoid unnecessary treatments which are commonly considered as the standard of care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0390

Differential clinical and neurocognitive characteristics between patients with major depressive disorder and treatment-resistant depression

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Background and aims.– Nearly 30% of subjects with major depressive disorder (MDD) do not appropriately respond to currently available antidepressant medications (NTRD). Patients with treatment-resistant depression (TRD) commonly experience an important disability and psychosocial impairment. Our aim was to compare clinical and neurocognitive features of TRD and NTRD individuals as well as identify possible predictors of resistance.
Methods.– Overall, 40 outpatients with TRD (based on Thase and Rush staging method) and 23 with NTRD were recruited at the section of Psychiatry, University of Genoa (Italy). Participants completed the Continuous Performance Test (CPT), Stroop Color Word Interference (SCWT), Trail Making Test (TMT-A/B), Verbal Fluency test (VFT), and Rey Auditory Verbal Learning Test (RAVLT).
Results.– TRD patients reported a significantly lower education ($p \leq 0.05$) and socio-economic ($p \leq 0.001$) levels, poorer insight ($p = 0.01$), higher stressful lifetime events ($p \leq 0.05$), greater illness duration ($p = 0.001$) and illness episodes ($p = 0.01$), later age at first hospitalization ($p \leq 0.05$), higher antipsychotic treatments ($p \leq 0.001$), and a more impaired performance at CPT, TMT-B, VFT, RAVLT, and SCWT relative to NTRD subjects. After multivariate regression analysis, the amount of variation in TRD that was accounted for all potential predictors was 57.5% ($R^2 = 0.575$) with the SCWT CW ($p < 0.005$), SCWT WI ($p < 0.05$), poorer socio-economic ($p \leq 0.05$) level, and higher stressful lifetime events ($p \leq 0.05$) that resulted significant predictors of resistance.
Conclusions.– TRD and NTRD subjects significantly differed with resistance which was associated with specific clinical and neurocognitive predictors. Differential clinical characteristics and selective neurocognitive impairments should be identified by clinicians as early targets for treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Depression - Part VII

E-PP0391

Subclinical hypothyroidism and incident depression in young and middle age adults

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Background and aims.– The role of subclinical hypothyroidism in the development of depression remains controversial. We examined the prospective association between subclinical hypothyroidism and incident depressive symptoms.
Methods.– We conducted a prospective cohort study in 220,545 middle age adults without depression who underwent at least 2 comprehensive health exams between January 1, 2011 and December 31, 2014. Thyroid-stimulating hormone (TSH), free triiodothyronine (FT3) and free thyroxin (FT4) levels were measured by an electrochemiluminescent immunoassay. The study outcome was incident depressive symptom defined as a CES-D score >16.
Results.– During a median follow-up of 2 years, incident depressive symptoms occurred in 7,323 participants. The multivariable-adjusted hazard ratio (HR) for incident depressive symptoms comparing subclinical hypothyroid to euthyroid participants was 0.97 (0.87 to 1.09). Similarly, among euthyroid participants (n = 87,822), there was no apparent association between thyroid hormone levels and increased risk of incident depressive symptoms.
Conclusions.– There was no apparent association between subclinical hypothyroidism and incident depressive symptoms in a large prospective cohort of middle-aged men and women.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0392

Factors influencing help-seeking behavior in Korean depressed adolescents

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Background and aims.– Depressed adolescents are less likely to seek any professional help. A computer-based cognitive behavior therapy can be an alternative treatment for helping them. The purpose of this study was to explore promoting and inhibiting factors for help-seeking behaviors among Korean depressed adolescents. We also examined the variables influencing attitude toward the computer-based psychotherapy.
Methods.– A total of 246 adolescents (mean age: 15.10 years) from 3 middle schools and 3 high schools in South Korea participated in this study. They completed questionnaires individually to measure depression, help-seeking experiences (trust in therapist, stigma tolerance, recognition of need for help, interpersonal openness), and attitude toward computer-based psychotherapy. Data were analyzed using SPSS.
Results.– Depressed adolescents showed lower scores of stigma tolerance (F = 6.47, P < 0.05) and interpersonal openness (F = 31.51, P < 0.001) than normal adolescents. Female students with prior help-seeking experiences had lower interpersonal openness score (F = 12.443, P = 0.001) than males, while males with prior experience showed high score of trust in therapist (F = 4.859, P < 0.05) than females. Male students had more positive perception about computerized psychotherapy than females (F = 6.778, P < 0.01).
Conclusions.– To promote help-seeking behavior of depressed adolescents, it could be helpful to improve help-seeking attitude such as trust in therapist with carefully considering gender difference. A computerized CBT can be an alternative therapeutic option especially for male depressed adolescents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0393

Depressive symptomatology in full term pregnant women: prevalence and psychosocial factors

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Background and aims.–
Introduction.– The prevalence of perinatal depression is quite high and the deleterious consequences for the mother, baby and family are well documented. Despite being an important public mental health, the studies exploring depression in full term pregnancy are scarce.
Aim.– To calculate the prevalence of depression in full term pregnancy and to explore some aetiological factors.
Methods.– 403 women in full term pregnancy (37–41 weeks of gestation) with a mean age of 30,5 years old (SD = 4,67; range = 18–41) fulfilled a socio-demographic, psychosocial and obstetric questionnaire and the short version of the Postpartum Depression Screening Scale (PDSS-24; Pereira et al., 2013).
Results.– Prevalence of depression was found to be 38,7% (n = 156) based upon PDSS-24 cut-off scores (ICD-10–mild/moderate depression with somatic syndrome or severe depression without psychotic symptoms). Women with a planned pregnancy, married, and with perceived social support were less likely to present depression, χ^2 (1, n = 401) = 9,531, p = ,002; χ^2 (1, n = 401) = 5,996, p = ,014; and χ^2 (1, n = 402) = 10,678, p = ,001, respectively. Women with an history of significant life events were more likely to present depression, χ^2 (1, n = 403) = 5,702, p = ,017). The full model containing all predictors was statistically significant, χ^2 (4, n = 398) = 20,048, p < ,001. Only two of the independent variables made a unique significant statistical contribution to the model (perceived social support and marital status). Finally, the stronger predictor of depression was perceived social support, recording an odds ratio of 2,62.
Conclusions.– Our results confirm the need to screen for depression in full term pregnancy and improve our knowledge about depression aetiology in this particular pregnancy stage.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0394

Economic evaluation of a self-management intervention (PPEP4ALL) for patients with persistent depressive disorder and their partners: a multi-center pragmatic randomized controlled trial

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Background and aims.– According to the Dutch guidelines for depression, treatment for patients with Persistent Depressive Disorder (PDS; >2 years depressed) should focus on rehabilitation. The availability of rehabilitation-focused treatments in Dutch mental healthcare, however, are limited. We propose a short self-management intervention, namely the "Patient and Partner Education Program for All Chronic Diseases" (PPEP4All), in which the patient and the partner (i.e., life partner or other close relation) learn to deal more effectively with the chronic illness. The aim of this study is to evaluate psychiatric rehabilitation in patients with PDS and their partners and to provide a cost-effective rehabilitation protocol for chronic depression.
Methods.– Between April 2017 and October 2019, we aim to include 144 patients from mental healthcare clinics in The Netherlands. Patients will be randomized to either PPEP4All ($n = 72$) or the standard treatment ($n = 72$). Participants must be at least 18 years, fluent in Dutch, have a main diagnosis of chronic depression, and a treatment indication for rehabilitation. Participants with severe psychiatric or somatic comorbidity (such as psychosis, bipolar I disorder, schizophrenia, or dementia), a high suicide risk, and an IQ < 80 will be excluded. At baseline, 3-, 6-, and 12 months, participants will complete questionnaires.
Results.– PPEP4All, compared with standard treatment, is expected to lead to lower costs in the Dutch healthcare system and a better quality of life, more mental resilience, fewer symptoms, and less disease burden for both the patient and partner.
Conclusions.– PPEP4ALL may be a cost-effective self-management intervention for chronic depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0395

Clinical study of panic attacks in anxiety and depression

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Background and aims.– Although PA are known long back ago with different names, but recently it gained much attention not only by psychiatrist but also by other specialities like Cardiologists, Physicians as its symptoms are much similar as cardiovascular disease. The aim of my study is to create awareness for cardiovascular symptoms of PA in anxiety and depression.
Methods.– Total 1192 patients (among them 584 of depression and 608 of anxiety disorder) were selected for study. All of them were thoroughly screened for PA during their course of illness and a detailed treatment history were also obtained.
Results.– Approximately 85% patients of anxiety disorder consulted doctor for their PA while only46% patients of depression consulted doctor for PA. Among anxiety disorder majority approx 90% consulted cardiologist firs then casualty, medical o.p.d., family physician respectively in decreasing order. On other hand majority 74% patients of depression did not sought any treatment for PA.A very interesting finding which I found, although anxiety disorder patients seeks very early consultation to doctor but reaches to psychiatrist very late in comparison to depression who consults doctor very late, but reaches to psychiatrist early.
Conclusions.– In my study I found that most of the anxiety disorder patients when reached to me were also fulfilling the criteria of PD which further complicates the treatment, On other hand patients of depression reached to me very late for treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0396

Positive correlation of a patient-reported measure of fatigue with depressive symptoms in a phase 2 major depressive disorder trial of SAGE-217

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Background and aims.– Fatigue is a common comorbidity of major depressive disorder (MDD) and is associated with relapse. A pivotal trial examining the antidepressant efficacy of the investigational $GABA_A$ receptor positive allosteric modulator SAGE-217 included an exploratory endpoint examining fatigue. This study examines the correlation of depressive symptoms with patient-reported fatigue.
Methods.– Subjects ($n = 89$) with MDD and a Hamilton Rating Scale for Depression (HAM-D) total score ≥22 were randomized 1:1 to receive SAGE-217 Capsule 30 mg or placebo for 14 days, with four weeks follow-up. Depressive symptoms were evaluated by HAM-D and the Montgomery and Åsberg Depression Rating scale (MADRS). Patient-reported fatigue was also measured using the Fatigue Associated with Depression (FAsD) scale. Adverse events (AEs) were reported through Day 42.
Results.– At the Day 15 primary endpoint, a significantly greater least-squares mean HAM-D total score reduction was observed for SAGE-217 (−17.4) versus placebo (−10.3; $p < 0.001$). Additionally, SAGE-217 showed significant improvements versus placebo in FAsD total (−1.6 vs. −1.0, $p = 0.017$) and fatigue impact (−1.7 vs. −1.0, $p = 0.004$) scores. In the total study population, at Days 15 and 42, changes in HAM-D and MADRS total scores were moderately-to-highly correlated with changes in FAsD total, fatigue impact, and fatigue experience scores ($p < 0.001$; all relationships). The most common AEs (≥5%) in the SAGE-217 group were headache, nausea, dizziness, and somnolence.
Conclusions.– Over the study period, total population patient-reported fatigue was moderately-to-highly correlated with depressive symptoms. SAGE-217 administration significantly reduced depressive symptoms and patient-reported fatigue versus placebo at Day 15.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0397

Brain transcriptome analysis in the rat model of depression

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Background and aims.– In the study we used animal model of depression to analyze the differences in the expression of rat brain transcriptome in relation to the control animals. The most involved in the pathogenesis of depression and the best documented changes concern two brain regions–hippocampus and amygdala. Therefore, changes in gene expression profile were performed in these two brain regions.
Methods.– In the study we used male Wistar rats. The depression was induced using chronic mild stress protocol (CMS). Depressive behavior was assessed using behavioral tests (forced swim test, open field test, elevated maze test) and change of >40% in comparison to the baseline results was regarded as depression. Total RNA isolation was performed using NucleoSpin Total RNA/Protein Isolation Kit. Gene expression analysis was performed on the Affymetrix platform using WT Rats Microarray GeneChip Rat Gene 2.0ST Array. Gene expression patterns were compared between control group and individuals with induced depression.
Results.– There were significant differences in the expression of 185 genes in amygdala (>2-fold change, $p < 0.05$). These genes were clustered into 26 significantly enriched biological processes, with the most prominent associated with locomotory behaviour (decreased gene expression) and transmembrane transport, including ions and metal ions and neurogenesis (increased gene expression). We did not find significant differences in hippocampal transcriptome between animals with depressive behaviour and control animals.
Conclusions.– The genes showing different expression in depression may be a starting point for translational studies to identify targets for new therapies of depression.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0398

Lurasidone for the treatment of major depressive disorder with mixed features: results of a 12-week open-label extension study

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Background and aims.– To evaluate the efficacy and tolerability of longer-term treatment with lurasidone in patients with major depressive disorder (MDD) with mixed features.
Methods.– Patients in the US ($N = 48$) with MDD who presented with 2 or 3 manic symptoms and who completed 6 weeks of double-blind, placebo-controlled treatment with lurasidone 18.5–56 mg/d were enrolled in a 12-week, open-label (OL) extension study in which patients were continued on lurasidone (Lur-Lur group) or switched from placebo to lurasidone (Pbo-Lur group). The primary efficacy measure was the Montgomery-Åsberg Depression Rating Scale (MADRS).
Results.– A total of 48 patients entered the extension study, with a mean MADRS at OL-baseline: Lur-Lur ($N = 29$), 15.0; Pbo-Lur ($N = 19$), 24.1; 9 patients (18.8%) discontinued prematurely. Mean change from OL-baseline to week 12 (OC/LOCF) in MADRS total scores for the Lur-Lur group was −4.1/−3.3, and for the Pbo-Lur group was −11.2/−9.7. In the OL study, adverse events (≥5%) were akathisia (10.4%), diarrhea (8.3%), upper respiratory infection (8.3%), and headache, sedation, nausea, fatigue (6.3% each). For the Lur-Lur and Pbo-Lur groups, respectively, median change in metabolic parameters (DB-baseline to week 12-OC) were as follows: cholesterol (−6.5 and +1.5 mg/dL), triglycerides (−3.5 and +20.0 mg/dL), and HbA1c (+0.15% and +0.30%). There were no clinically significant changes in body weight. Treatment-emergent mania or hypomania as an adverse event occurred in 2 patients (4.2%).
Conclusions.– Treatment with lurasidone (18.5–56 mg/d) was generally safe and well-tolerated for up to 12 weeks in patients with MDD with mixed features. Continued improvement in depressive symptoms was observed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0400

Neuroticism and chronicity as predictors of 9-year course of individual depressive symptoms

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Background and aims.– Major Depressive Disorder (MDD) is a heterogeneous psychiatric illness, with large between-person differences in symptomatology and highly variable course trajectories. We hypothesized that chronicity (i.e., being depressed for 24 months during the preceding 48 months at baseline) and neuroticism at baseline would predict adverse course trajectories during 9 years of follow-up in different magnitudes for individual depressive symptoms.
Methods.– In total, 560 patients with MDD were included from the Netherlands Study of Depression and Anxiety (NESDA-cohort). A multivariate linear mixed model with repeated measures was used with IDS-SR item score as outcome variable using both history of chronicity and neuroticism separately as main independent variables. For each individual symptom models were adjusted for age, gender, and baseline depression severity (sum-score).
Results.– Patients were on average 42.7 (SD: 12.1) years old, and 64.7% were women. Patients with chronic depression or with high levels of neuroticism showed largely similar absolute rates of decline over time as compared to their counterparts. However, as symptoms had higher starting points for mood, cognitive, and somatic/vegetative symptoms, respectively, symptom severity remained higher over time. Especially the symptoms low self-esteem and high interpersonal sensitivity remained persistently higher.
Conclusions.– Chronicity and neuroticism at baseline predict a higher severity of mood and cognitive symptoms over 9 years time. This is also the case although to a smaller extent regarding, severity of somatic/vegetative symptoms. Low self-esteem and high interpersonal sensitivity and may be important for personalized treatment of patients with chronic depression or high levels of neuroticism.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0401

Basal and stimulated inflammation markers and the course of individual symptoms in depressed patients

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Background and aims.– Multiple studies found an association between inflammatory markers and major depressive disorder (MDD). It has been theorized that some people with chronic low-grade inflammation are at increased risk of MDD, as an exacerbated form of sickness behaviour. We hypothesized that inflammation is only related to a subset of MDD symptoms that overlap with sickness behaviour.
Methods.– We tested the association between basal and lipopolysaccharide (LPS)-induced inflammatory markers with individual MDD symptoms over a period of nine years using multivariate mixed model adjusted for relevant covariates in 2931 participants of the Netherlands Study of Depression and Anxiety (NESDA-cohort).
Results.– At baseline, participants were 42.2 years old, 66.5% were women, and 53.6% had a current mood or anxiety disorder. In line with our hypothesis, it turned out that specific inflammatory markers were associated with a higher severity low energy, psychomotor problems, arousal and anhedonia, but not to all other MDD-symptoms over 9 years follow-up.
Conclusions.– Inflammation is not related to depression as a unified syndrome, but rather to the presence and course of certain MDD symptoms that are related to sickness behaviour. Low-grade inflammation may be a novel target for treatment strategies in a subgroup of patients with MDD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0402

The use of subcutaneous ketamine for treatment-resistant depression

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Background and aims.–
Introduction.– Major depressive disorder is highly common with up to 50% to 60% of the patients not achieving adequate response following antidepressant treatment. In this scenario, ketamine emerges as an important alternative to conventional treatments, with its action of being an antagonist of *N*-methyl-D-aspartate (NMDA) receptor, once its has a quick and effective action. Ketamine is most frequently administered intravenous. However, oral, sublingual, transmucosal, intranasal, subcutaneous (SC), and intramuscular routes of administration have also been examined.
Aim.– This study aims to investigate whether SC ketamine is effective in the treatment of unipolar major depression and if it has more effective and sustainable response than electroconvulsivetherapy (ECT).
Methods.– Participants will be comprised of patients with unipolar depression resistant to conventional treatment, men and women, aged ≥18 across a range of ethnicities, recruited from General Hospital Servidor of State of São Paulo, Brazil. Participants will be separeted in two groups. The first one will recieve a SC administration of ketamine in the dose of 0,5 mg/kg weekly, for 6 weeks. The second will be submitted to ECT treatment, two sessions a week, for at least 8 sessions. The response of each treatment will be evaluated and compared by MADRS questionnaire.
Results.– We expect that SC ketamine has a good response in the treatment of major depression and that it has a similar response compared to ECT.
Conclusions.– Conclusion: Once SC ketamine is a secure, quick and simple procedure, it is a promising alternative to available treatments in psychiatry.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0403

Psychiatric evaluation for detection of major depression in patients with multiple sclerosis

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Background and aims.– Major depression is frequently reported in patients with multiple sclerosis, and data from literature support values of 50% cases of dual diagnosis. Depression may nevertheless be difficult to diagnose because of several symptoms reported by patients with multiple sclerosis which can overlap: fatigue, memory and attentional deficits, low performance in daily activities. The objective was to perform a literature search in order to find the most appropriate instruments for detection of major depression in patients diagnosed with multiple sclerosis.
Methods.– A search of major electronic databases (Cochrane, PubMed, PsychInfo, EMBASE, CINAHL) was performed, using keywords "major depressive disorder", "multiple sclerosis", "psychometric instruments", and "diagnosis".
Results.– A number of 267 papers published between 1998 and 2018 were found after the application of the search paradigm, and 33 remained after filtering out papers through inclusion/exclusion criteria. Several multiple sclerosis specific scales were identified in trials ($N = 28$) which included patients with major depression-multiple sclerosis dual diagnosis, and the most cited were Multiple Sclerosis Quality of Life −54 items, Functional Assessment of Multiple Sclerosis Questionnaire, Multiple Sclerosis Quality of Life Index, and MS Impact Scale. Non-disease specific scales were identified in a large number of trials ($N = 19$), with Short Form Health Survey (SF-36) and EQ-5D being the most frequently applied.
Conclusions.– Both disease-specific scales for the determination of quality of life in multiple sclerosis, and general scales may be applied in patients who are also diagnosed with major depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0404

Effect of exercise on depression: a systematic review

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Background and aims.– Prior studies have suggested that exercise might help patients with depression. However, a systematic review including the most recent RCTs is lacking. We wanted to determine if exercise has a positive effect on depression and to examine for which severity of depression the best results are obtained.
Methods.– A systematic review following the PRISMA criteria was conducted on 20th December 2017, including literature searches in Embase, Medline and PsycInfo. RCTs published in English in 2007–2017, involving adults with unipolar depression rated with either BDI, HDRS or MADRS and treated with exercise as either main or adjunct intervention were included. From an initial retrieval of 293 articles, 12 articles describing RCTs were included and rated according to GRADE criteria.
Results.– In general, exercise significantly reduced depression scores when used as an adjunct treatment of depression. Factors that were seen as central to good outcomes were group workouts, good supervision and high motivation. Because the RCTs had not consistently classified the severity of depression when they measured the effect of exercise, we could not determine which severity of depression that had the best outcome of exercise.
Conclusions.– Exercise can be recommended as adjunct treatment of depression. Further primary studies should classify depression severity to establish which of these groups has the best effect of exercise.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0407

What is anxious depression? Overlap and agreement between different definitions

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Background and aims.– A problem with the research on the significance of anxiety in depressed patients is that anxiety has been characterized in different ways. Little research has examined the concordance and overlap between the various definitions of anxious depression. With research on the DSM-5 anxious distress specifier just beginning, it will be important to understand how defining anxious depression according to DSM-5 agrees with previously studied definitions. In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project we examined the association between the DSM-5 anxious distress specifier and 6 other approaches towards defining anxious depression.
Methods.– Three hundred thirty-one patients with a principal diagnosis of major depressive disorder were evaluated with semi-structured diagnostic interviews.
Results.– The mean number of anxious depression definitions met was 4.7 (SD = 2.1). Only 4.2% ($n = 14$) of the 331 patients did not meet any anxious depression definition, and 28.1% ($n = 93$) met all 7 definitions. The level of agreement between the definitions was significant, albeit modest (median kappa = .28). Discussion: The modest association between the different definitions of anxious depression suggests that the results based on one approach towards subtyping may not generalize to the DSM-5 anxious distress specifier. It therefore cannot be assumed that the DSM-5 anxious distress specifier is valid just because other definitions of anxious depression have been shown to be valid.
Conclusions.– The modest association between the different definitions of anxious depression suggests that the results based on one approach towards subtyping may not generalize to the DSM-5 anxious distress specifier.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Depression Part I

E-PP0408

Influence of parental dimensions in relation to the development of depressive symptoms among adolescents

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Background and aims.– Previous research have shown that parental dimensions are associated to the development of depressive symptoms among children, less is known about the influence different parental dimensions might have among adolescents. This study describes the development of depressive symptoms among 13- and 15 year old Swedish adolescents ($N = 1541$) during three years, in relation to the potential influence of parental dimensions
Methods.– Adolescents born in 1997 and 1999 were invited to participate by completing a questionnaire sent by regular mail (wave 1). Three years later a second questionnaire was sent to the participants (wave 2).
Results.– Between wave 1, and wave 2, a 50% increase in estimations of depressive symptoms were seen, although females reported a higher level of depressive symptoms at both waves. All parental dimensions were related to depressive symptoms at wave 2. The three positive dimensions were associated with a decreased level of depressive symptoms, and the three negative dimensions with an increased level of depressive symptoms. Significant interaction effects were found between depressive symptoms at wave 1 and higher levels of the dimensions of structure and warmth, which decreased the level of depressive symptoms at wave 2, as well as between sex and the dimensions of structure and coercion, where the influence of the parental dimensions were more pronounced in females.
Conclusions.– Parental influence on child mental health is often suggested to decrease during adolescence. The present results suggest that parental dimensions might be an important influence on the development of depressive symptoms even in later adolescence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0410

The prevalence and risk factors of depression and anxiety in patients with rheumatic diseases attending a tertiary care hospital in Muscat, Oman

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Background and aims.– There is ample evidence to suggest that physical illness tend to impact on mental disorder and conversely mental disorder affect physical illness. There is a death of studies examine such link in societies in transition such as those in Oman. This study aims to determine the prevalence of depression and anxiety among patients attending a rheumatology clinic in a tertiary care hospital in Oman. Related aims are to tease out the contribution of demographic and clinical characteristics to the development of depression and anxiety.
Methods.– A cross-sectional study was conducted among attendees ($n = 103$) seeking consultation from a rheumatic unit. Depressive symptom and anxiety were assessed using Patient Health Questionnaire-9 (PHQ-9) and Generalized Anxiety Disorder (GAD-7) respectively. Data regarding demographic and clinical characteristics of respondents were collected.
Results.– The prevalence of depressive symptoms was 64% while 47% endorsed the presence of anxiety. 35% of respondents with depressive symptoms fulfil the criteria for moderately to severe depression. Approximately 27% of respondents with anxiety symptoms found to have moderate to severe anxiety. Only 5% of patients with depression and 3% of patients with anxiety were receiving psychiatric treatment.
Conclusions.– This study collaborates with studies from other populations to support that the rate of psychiatric disorder is high among people with rheumatic diseases and it appears to exceed the rate found in the general population. Pending further scrutiny, mechanisms are needed in Oman to increase the awareness among physicians dealing with rheumatology patients. Such an undertaking could include providing means for early detection and prompt interventions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0411

New initiatives of depression management physician order at the mental hospital of ministry of health in Saudi Arabia

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Background and aims.– The general administration of pharmaceutical care stated evidence-based pharmacy guidelines at Ministry of Health hospitals and primary healthcare centers in 2015. The hospital started with a standard disease like depression. The tax force team designed the updated guidelines and approved by an official body in the hospital.
Methods.– The form friendly used and very important in preventing drug related problems and education system for healthcare staff. The depression physician order form consisted of patient demographic data, the type or stage of disease, the first line of treatment, the dose and duration of therapy, and the second line of choice if existed. The co morbid disease with primary disease and appropriate choice for each combined disease. The prescribed data and clinical pharmacist data as explored in the physician order form.
Results.– Implementations steps of Depression management physician Oder It is evidence-based setting up psychiatric therapeutic guidelines at the most prominent hospital a mental hospital at Ministry of Health in Kingdom of Saudi Arabia. The guidelines based on evidence based on American psychiatric society recommendations. It designed through pharmacy task force team and headed by the author. The guidelines implemented through several educational sessions with hospital staff. The manual physician order sent to information technology to convert as electronic physicians order entry
Conclusions.– The depression management therapy physician order is a new initiative program at the Mental hospital of Ministry of health in Saudi Arabia. The new project may prevent the drug-related problem and prevent economic burden in Healthcare system.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0412

Comparison of the affective lability and temperament characteristics between depressive patients with and without mixed features

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Background and aims.– Mixed features specifier has been introduced in the latest version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, characteristics of mixed depression has been argued for many years even before DSM-5. Here, we aimed to evaluate emotion regulation and affective temperament among depressive patients with and without mixed symptoms.
Methods.– Patient with major depression ($n = 63$) who were not on a treatment recruited for the study. Hamilton Depression Rating Scale (HDRS), modified Hypomania Checklist-32 (mHCL-32), Difficulties in Emotion Adjustment Scale (DDSS) and Affective Temperament Scale (TEMPS-A) were applied to the participants. The collected data were evaluated with Statistical Program for Social Sciences (SPSS) version 20.
Results.– Proportion of the mixed depression was 23.8% ($n = 15$). There was no significant difference between patients with and without mixed depression in terms of gender, age, family history, number of disease onset, total episode and temperament scores. Non-acceptance subscale scores of DDSS was significantly higher in mixed depression group ($p = 0.035$). Correlation and regression analysis revealed that cyclothymic temperament scores was significantly associated with mHCL-32 scores which is related with mixity in depression ($p = 0.024$).
Conclusions.– Mixed features in depression is not rare as we found that one five of the patients had hypomanic symptoms during depressive episode. The association between cyclothymic temperament scores and mixed symptoms is in line with the idea that temperamental features are subclinic forms of mood disorders. Considering the higher non-acceptence scores and cyclothmiyc temperament scores in mixed depression, it could be concluded that mixed depression rely between pure depression and bipolarity. However, further prospective bigger sample sized studies are required.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0413

Predictive value of 2-week antidepressant responsiveness in major depression: a 6-week longitudinal single-blind study

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Background and aims.– Unipolar-Depression Clinical-Guidelines clearly recommend a minimum of 4–6 weeks of antidepressant treatment in therapeutic doses in order to assess antidepressant efficacy. In contrast, various post-hoc analyses of clinical trials suggest that improvement at 2-weeks could be a predictor of response. Scarce evidence has been provided in prospective assessment in this matter and these studies ignore the final outcome of the early non-improvers.
AIMS: to assess prospectively the predictive value symptom-responsiveness in major depression after 2-week antidepressant treatment.
Methods.– A 6-week longitudinal single-blind design was used. In-and-outpatients with moderate-to-severe unipolar major depression episode (U-MDE) (DSM-IV criteria) assessed by 17-item-HDRS aged 18–70 years received protocolized antidepressant treatment according to baseline severity[5]. Clinical severity (HDRS) was monitored at baseline and at 2, 4, and 6-weeks by raters blind to the treatment option. "Improvers" were those presenting a ≥25% reduction in HDRS-score at baseline. Efficacy analyses focused on 6-week outcome comparing 2-week improvers and 2-week non-improvers. Recruitment period was February/2007-January/2018.
Results.– 618 patients were finally included. All 2-week improvers showed significantly better outcome at 6-week evaluation in comparison to the 2-week non-improvers, regardless of the antidepressant subgroup. Interestingly, more than 80% of 2-week non-improvers were full responders (≥50% reduction in HDRS-baseline-score) or remitters (HDRS < 8) at 6-week endpoint.
Conclusions.–
- 2-week antidepressant responsiveness does not provide enough information to make therapeutic decisions in patients with moderate-to-severe U-MDE.
- Responsiveness after two weeks of antidepressant treatment could be suggested as a prognostic factor.
- A high proportion of 2-week non-improvers end up being full responders or remitters at 6-week-endpoint.

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

E-PP0415

Risk of perinatal depression in men and women in a public hospital in North Greece

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Background and aims.– Perinatal depression is a frequent psychiatric disorder in women during and after pregnancy. However, perinatal depression can affect men too. The aim of the present study was to investigate the risk of perinatal depression in both women and men, at the General Hospital of Veria, North-Greece, and to examine the associations with various risk factors.
Methods.– A cross-sectional study was conducted in a sample of 60 consecutive mothers that were hospitalized in 2017–2018 in the Obstetrics Department, together with their partners. Data were collected using the Greek version of Edinburgh Postnatal Depression Scale (EPDS), before and after partum. Men answered the EPDS before partum. EPDS score above 11 was considered as risk of atenatal or postnatal depression.
Results.– In women, the mean EPDS score before partum was 10.5 and after partum 14.1 ($p < 0.05$) and in men 9.5 before partum. The overll prevalence of peritnatal depression in women was 46,7% before and 70% after partum. In men a prevalence of 30% was observed. The EPDS scores in women were significantly associated with residency, education, relations with parents and partner, psychological problems and medications, previous abortion and complications during partum, whereas in men the associated factos were family status, education, relations with parents and partner and psychological problems.
Conclusions.– Women are experiencing high percentages of postnatal depression, but also one in 3–4 men show symptoms of depression. Thus, postnatal depression should not be seen as explicitly maternal and both, mothers and fathers should be routinely screened and get emotional and practical help.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0416

The early changes of occipital alpha asymmetry and prefrontal theta cordance in the prediction of response to SNRIs

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Background and aims.– Previous studies have demonstrated predictive efficacy of early change of prefrontal theta cordance and there are some findings on association of baseline occipital alpha asymmetry and change of depressive symptoms in depressive patients. The aim of analysis was to evaluate and compare predictive efficacy of changes of occipital alpha asymmetry (OAAC) and prefrontal theta cordance (PFCC) after the 1st week of treatment.
Methods.– All patients ($n = 46$) were treated with SNRIs (venlafaxine, milnacipran) for ≥4 weeks. EEGs were performed at baseline and week 1. Depressive symptoms were evaluated using MADRS at baseline, week 1 and the end of treatment.
Results.– Twenty-three (50%) patients responded to treatment. PFCC and OAAC were identified as predictors of response to SNRIs. Comparing values of AUC of ROC analyses of OAAC, PFCC and model combining OAAC and PFCC we did not find significant differences–for details (AUC, predictive values) - Table 1.

Table 1. Prediction of response to SNRIS

Parameter	AUC (95% CI)	PPV (95% CI)	NPV (95% CI)
PFCC	0.82 (0.68–0.92)	0.74 (0.60–0.84)	0.84 (0.64–0.94)
OAAC	0.73 (0.58–0.85)	0.67 (0.56–0.76)	0.92 (0.63–0.99)
PFCC + OAAC model	0.88 (0.75–0.96)	0.86 (0.68–0.95)	0.83 (0.67–0.93)

Conclusions.– The predictive efficacy of early changes of PFCC, OACC and model both parameters was comparable. This study was supported by the grants of MH CR nr.15-29900A, MH CZ - DRO

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

E-PP0418

SPECT: complementary tool in diagnosis and follow-up in depressive pseudodementia

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Background and aims.– Dementia and depressive disorder are neuropsychiatric conditions that often coexist and whose symptomatology frequently overlaps and a precise differential diagnosis is often challenging. Functional neuroimaging shows a promising tool to differentiate them.
Methods.– We present a case report of a 48 years old male with several depressive disorder hospital admissions refractory to multiple antidepressants and, who develops cognitive dysfunction, also identified in functional neuroimaging. We objectified depressive symptomatology, high levels of anxiety, reiterative speech, mnemonic mistakes and regressive behaviour and assistance needs in basic activities such as hygiene and feeding. Clinical remission was achieved lately, with SPECT results normalization.
Results.– Initial SPECT showed extensive alterations principally at frontal and temporal regions suitables with dysthymia, without dismissing DFT. After a month with psychopharmacological treatment it was seen an improvement in depressive symptomatology, with disappearance of regressive behaviour and cognitive dysfunction, which was confirmed by the control SPECT where global perfusion progress was shown. (figure 1)

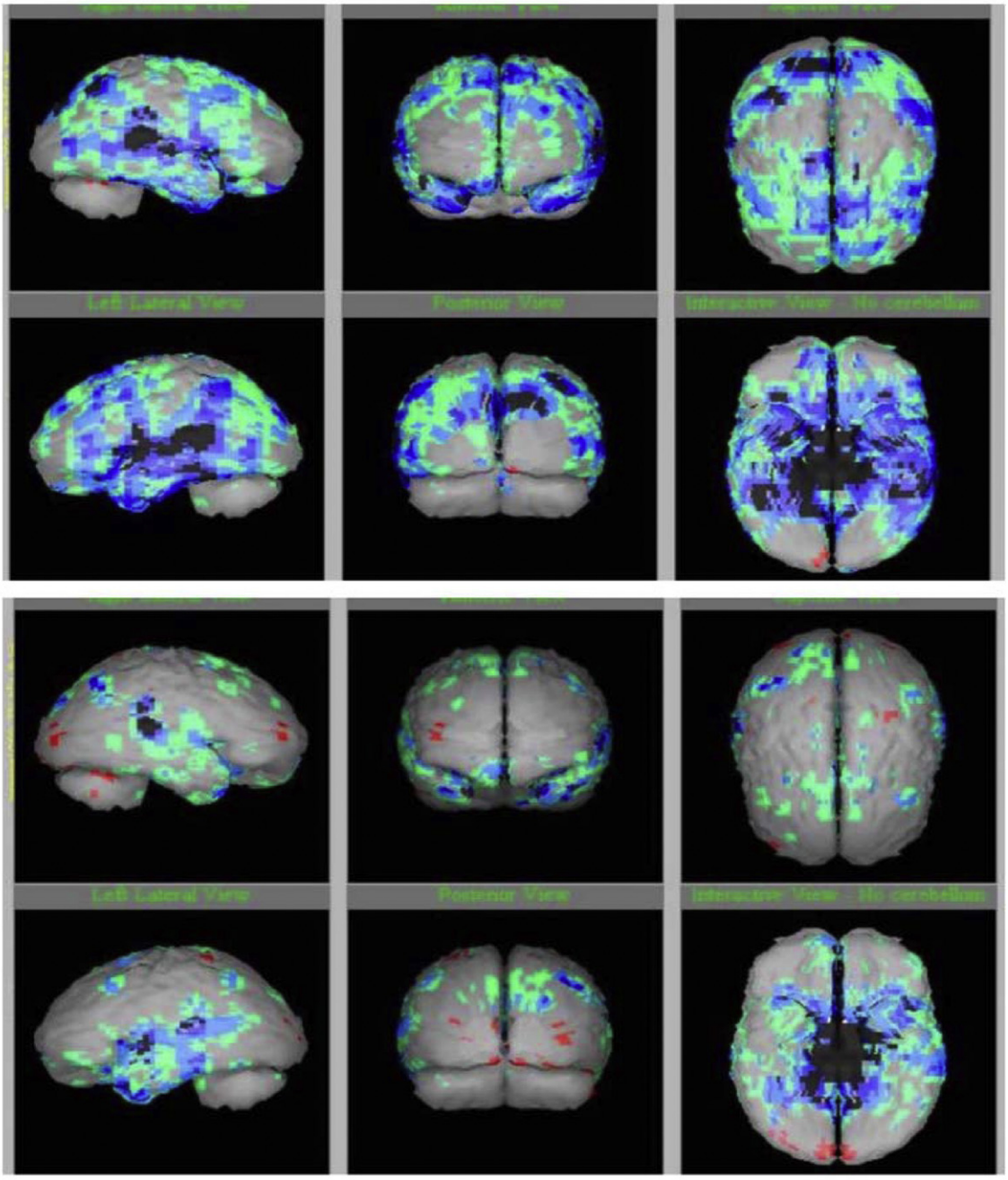


Figure 1. Depressive pseudodementia.

Conclusions.– SPECT could be a useful tool for the differential diagnosis between cognitive dysfunction and pseudodementia. Control SPECT after treatment could add strength to differential diagnosis due to possible gradual perfusion improvement after treatment in depression whereas in cognitive dysfunction we could see a worsening. Until this date there is no clinical trial available that uses SPECT in depression and dementia differential diagnosis. We found relevant the simultaneous depressive symptomatology improvement and perfusion pattern normalization.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0420

Trace elements differences in the depression sensitive and resilient chronic unpredictable mild stress rat models

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Background and aims.– Depressive disorders are the leading cause of disability worldwide; however, the etiology and pathophysiology behind the diseases remain unclear. Increasing evidence has demonstrated that trace elements may play important roles in depressive symptoms. Altered levels of several trace elements, such as zinc, magnesium, iron, calcium, selenium and chromium are associated with mental diseases by affecting the *N*-Methyl-D-aspartic Acid (NMDA) receptors in several brain parts and antioxidant capacity.
Methods.– Our current study used a Chronic Unpredictable Mild Stress (CUMS) model to simulate social pressure in rat model and compared the levels of 20 trace elements in the plasma and brain, within and between groups. 35 adult male rats (Control group: 14; CUMS group: 21) were included for detection. We used sucrose preference reductions as the indicator of depression severity.
Results.– In the CUMS model, 57% (12 in 21) of rats showed no significant decrease in sucrose preference and were grouped as CUMS-resilient; otherwise, CUMS-sensitive. The resilient group has higher levels of iron, sodium, sulfur, manganese and cobalt than the sensitive group in the brain samples. The sensitive group has lower levels of calcium, potassium, sulfur, selenium and cobalt than the resilient groups, in the plasma samples. Zinc, magnesium, calcium, selenium and chromium had the similar positive trend among groups both in the brain and plasma samples while iron had the opposite trend.
Conclusions.– The higher levels of iron, calcium, selenium, manganese and cobalt in the resilient group indicated these trace elements might be protective against the development of depressive symptoms in response to stress.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0421

Inflammation and remission of depression in patients treated with electroconvulsive therapy; findings from the modect study

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Background and aims.– Compelling evidence links elevated C-reactive protein (CRP) and other inflammatory markers to a poor treatment outcome to antidepressant medication.
Aim.– To test if low-grade inflammation, i.e. moderately elevated CRP levels (3 to 10 mg/L), contributes to a poor treatment outcome in severely depressed patients treated with Electroconvulsive Therapy (ECT).
Methods.– Associations between serum levels of CRP, Interleukin-6, Interleukin-10, Tumour Necrosis Factor-α, and remission of depression, time to remission and speed of decline of depressive symptoms, were examined in 95 unipolar depressed patients (age ≥55 years, 68.4% women) treated with ECT.
Results.– Moderately elevated levels of CRP at baseline, but no other inflammatory markers were associated with higher remission rates. Odds ratio for remission, in those with moderately elevated CRP levels was 3.62 (95% confidence interval [CI], 1.09–11.97; $p = 0.04$). Time to remission was shorter in those with moderately elevated CRP levels, $p = 0.05$. Speed of decline was higher in those patients with moderately elevated CRP levels as compared to those with low CRP levels (decline of 3.2 MADRS points per treatment session vs. 2.3 points per session, $p = 0.03$).
Conclusions.– Whereas earlier studies show that low-grade inflammation contributes to poor treatment response in those treated with antidepressants, our study provides clues that low-grade inflammation does not have such a detrimental effect on the treatment response to ECT. This is underscored by our finding that moderately elevated CRP levels were associated with increased remission rates of depression and a higher speed of decline in MADRS scores in patients treated with ECT.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0423

Functional recovery in remitted patients treated for major depressive disorder (MDD) in routine clinical practice in Greece

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Background and aims.– Almost half of the patients who meet symptom-based definitions of remission, as measured by commonly used rating scales, although considered as a successful treatment outcome, do not consider themselves remitted, experiencing functional impairment. Determining functional recovery in domains such as work/school, social and family life based on patients' ratings thus is an important indicator for the patients' wellbeing.
The aim of the current study analysis was to assess functional recovery in patients with MDD who have remitted after antidepressant treatment in clinical practice in Greece and to assess correlations with mood and cognitive symptoms.
Methods.– This was a non-interventional, cross-sectional multisite study in outpatients with MDD who have clinically responded to antidepressant treatment. Symptom remission was defined by MADRS score (MADRS ≤12) and functional recovery was defined by

Sheehan Disability Scale total score (SDS ≤6). Cognitive symptoms were also assessed using PDQ-D (Perceived Deficits Questionnaire-Depression). Stepwise multiple linear regression and correlation analysis were applied.
Results.– 335 patients with MDD participated in the study. 53.7% (n = 198) of the participants were remitted and 40.3% (n = 135) were functionally recovered (SDS ≤6). In the subgroup of remitters, only nearly half of the patient population were functionally recovered [n = 113, (57%)]. Functional recovery correlated significantly with MADRS total score (p-value < 0.001, beta-coefficient: −0.155) and with PDQ-D total score (p-value = 0.045, beta-coefficient: −0.039).
Conclusions.– Although patients with MDD in routine clinical practice in Greece may have remitted from their symptoms, functional recovery remains an unmet need, linked to both depressive and cognitive symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0424

Investigating the presence of depressive symptoms among students with type D personality

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Background and aims.– In the biopsychosocial approach, the medical act targets the individual, along with its biological, psychological and social characteristics. Getting to know the patient becomes primordial for treatment, the manifestation of a disease being influenced by individual experiences and personality. The type D personality proves relevant associations with an increased vulnerability toward various diseases and related psychological difficulties. The study aims to identify the existing association between the type D personality and depressive symptoms, controlling for gender.
Methods.– Participants were 445 students from the 18–25 age group. An online questionnaire was uploaded to the Qualtrics XM Platform, collecting demographic data (age, sex, year of study), responses to the D-type Personality Questionnaire (DS 14, Denollet, 2005) and reports on the presence of depressive symptoms (Patient Health Questionnaire-9, Kroenke, Spitzer and William, 2001).
Results.– In our sample, the prevalence of D-type personality was 30.7%, both the prevalence of type D personality and reported symptoms of depression was significantly higher among female students. Participants with higher scores on Type D personality scale reported more depressive symptoms, such as suicidal thoughts, intense feelings of concern/guilt, sadness, loss of interest, concentration problems, weight changes or appetite modifications.
Conclusions.– The study brings evidence regarding the type D personality' s predictive role in the occurrence of depressive symptoms. The results are useful for specialists treating patients with different physical or mental diseases and presenting D-type personality. A better knowledge about the patient' personality and propensity toward depressive symptoms can influence the efficiency of the treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: E-mental Health/Oncology and Psychiatry

E-PP0427

How do patients subjectively experience electronically delivered cognitive behavioural therapy (ECBT)? Qualitative findings and two case reports

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Background and aims.– Electronically delivered cognitive behavioural therapy (eCBT) for depression is often regarded as an efficient treatment tool to augment antidepressant medication or face-to-face (FtF) CBT. Indeed, meta-analyses have shown that some eCBT interventions are effective, although they differ in content and efficacy. Little is known, however, about the subjective experiences of patients using eCBT. The aim was to illuminate how patients subjectively experience the eCBT intervention deprexis, which has been shown to be effective in 12 RCTs.
Methods.– Findings from a recent qualitative analysis are presented, in which patients were interviewed about advantages and disadvantages of using deprexis (Urech et al., 2018). Additionally, two case examples are presented.
Results.– Qualitative analyses showed that many patients experience deprexis as a valuable addition to treatment, and that its flexibility and constant availability are perceived as distinct advantages. Some contact with a clinician is also regarded as important, as it provides a sense of security and facilitates motivation. In the first case example, a 58-year-old man who had become depressed after recent job loss found it difficult to engage with deprexis. This improved, however, when the therapist gently prompted him to complete eCBT modules and bring print-outs to sessions. In the second example, a 38-year-old woman with anorexia nervosa and comorbid depression engaged daily with deprexis; her intensive desire for support could not be satisfied by F2F therapy alone.
Conclusions.– These qualitative findings can help clinicians understand which factors may influence the success of using eCBT as a treatment tool.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0428

Adherence predictors in an internet-based intervention program for depression

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Background and aims.– Internet-delivered psychotherapy has been demonstrated to be effective in the treatment of depression. Nevertheless the study of the adherence in this type of the treatment reported divergent results. The main objective of this study is to analyze predictors of adherence in a primary care Internet-based intervention for depression in Spain.
Methods.– A multi-center, three arm, parallel, randomized controlled trial was conducted with 194 depressive patients, who were allocated in self-guided or supported-guided intervention. Sociodemographic and clinical characteristics were assessed using a case report form. The Mini International Neuropsychiatric Interview (MINI) diagnoses major depression. Beck Depression Inventory was used to evaluate depression severity. The visual analogic scale assesses the respondent's self-rated health and Short Form Health Survey was used to measure the health-related quality of life.
Results.– Age results a predictor adherence for both intervention groups (with and without therapist support). Perceived health is a negative adherence predictor for the self-guided intervention when change in depression severity was included in the model. Change in depression severity results a predictor of adherence in the support-guided intervention.
Conclusions.– In our sample there are specific adherence predictors in each intervention condition of this Internet based program for depression (self-guided and support-guided). It is important to point that further research in this area is essential to improve tailored interventions and to know specific patients groups can benefit from these interventions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0430

Evaluation of a blended CBT platform for depression through mixed methods: a clinical trial and qualitative evaluation from psychotherapists

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Background and aims.– As part of the E-COMPARED project, we conducted an experiment on the Moodbuster® platform which provides web-based cognitivo-behavioural therapy (CBT) modules for major depressive disorder. These modules are blended with face-to-face CBT sessions. Our first aim was to assess the clinical and cost-effectiveness of such blended CBT compared to traditional CBT. The second objective was to analyse professional feedbacks about blended therapy in general and Moodbuster® in particular, of the therapists involved in the project.
Methods.– A two-arm randomized controlled trial was carried out in 10 specialized major depression centres. Adult patients who meet DSM-IV criteria for MDD were included either in the blended CBT arm, mixing 8 face-to-face sessions with Moodbuster® modules, or in the control group, consisting in 18 sessions of face-to-face CBT. The depressive symptoms, quality of life and healthcare consumption information have been taken at baseline, post-treatment and 12 months.
10 therapists involved in both arms of the protocol were interviewed afterward with a semi-structured interview grid. Their answers were thematically categorised and analysed by two researchers.
Results.– Quantitative analyses showed either inferiority or non-inferiority of blended CBT vs traditional one in terms of cost and clinical effectiveness, depending of the outcome and time of measurement.
Qualitative results provide the advantages, limiting factors and perspectives of improvement of blended CBT.
Conclusions.– As designed in Moodbuster® and in this trial, blended CBT seems not as efficient as face-to-face therapy for major depressive disorder but consideration of feedbacks from therapists and, in the future, users, are prone to improve their results.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0431

Attitudes of professionals from South Eastern Europe toward dialog+ psychosocial intervention for patients with psychosis–short survey

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Background and aims.– Technology-assisted and patient-centered communication based methods could improve routine meetings between clinicians and patients. DIALOG+, a new intervention which effectively structures routine meetings, made them comprehensive and solution-focused and improved quality of life in persons with psychotic disorders from UK. Psychotic disorders are one of the major health burden in low- and middle- income countries (LMICs), which struggle to overcome funding difficulties and lack of qualified staff. However, it is still unknown how local factors in LMICs could influence implementation and efficacy of methods such as DIALOG+.
Objective of our survey was to explore a priori assumptions about DIALOG+ of mental health professionals from FYR of Macedonia, Montenegro and Serbia.
Methods.– During the professional meetings with large audience (National Congress/Symposium), the intervention has been described to the audience by local experts in local language. After the presentation which lasted for 20–30 minutes, professionals (with no experience in Dialog+) were invited to answer 8-questions survey anonymously, addressing their interest towards Dialog+, an opinion about its applicability and also about the possible obstacles for the implementation in the local mental health facilities.
Results.– On the basis of 182 replies (20 + 46 + 116, respectively), the first impression about Dialog+ was positive. Dialog+ was different in comparison to common practice of participating clinicians. The most of them have shown interest to implement it and found this innovation being primarily in favor of patients. As the major obstacles clinicians mentioned lack of their time and equipment acquisition limitations.
Conclusions.– This survey could provide meaningful directions for DIALOG+ implementation in LIMCs.

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

E-PP0432

Time spent on social media as a predictor of the level of anxiety and depression in Albanian university students

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Background and aims.– Social media have become an ever-increasing part of our lives. With the progress of technology and the widespread use of smartphones, people are spending more time on their screens. This has sparked the interest of many researchers, resulting with a wide variety of studies conducted on this topic.
This study aims at investigating the following variables among Albanian students:
The predictive value that time spent on social media has on anxiety and depression.
The correlation between the levels of anxiety, depression and time on social media.
The gender differences in anxiety and depression.
Methods.– Students (18–30 years old) from ten Albanian Universities were selected through a convenient sampling method during the period (15th–27th of May, 2017). Questionnaires were administered online. Data were gathered using PHQ-9 (Patient Health Questionnaire-9) and BAI (Beck Anxiety Inventory).
Results.– Findings suggest a significant positive correlation between depression and anxiety ($r = 0.70$, $N = 664$, $p = 0.01$), depression and time on social media ($r = 0.45$, $N = 664$, $p = 0.00$), anxiety and time on social media ($r = 0.29$, $N = 664$, $p = 0.01$). Time on social media has a predictive value for anxiety ($t = 20.98$, $p = 0.01$, $r^2 = 0.09$) and depression ($t = 11.78$, $p = 0.00$, $r^2 = 0.2$). The level of depression is predicted by the level of anxiety ($t = 12.17$, $p = 0.01$, $r^2 = 0.47$). Women scored higher levels of anxiety ($F(1, 662) = 6.85$, $p < 0.01$), and higher levels of depression ($F(1, 662) = 5.66$, $p = 0.01$) compared to men.
Conclusions.– Time spent on social media has a predictive value on the levels of anxiety and depression, and there is a positive relationship between the three variables. Females report higher levels of anxiety and depression compared to males.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0433

The experience of psychosocial online counselling project in Ukraine on Ipso-care platform

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Background and aims.– In the last two years the problem of internally displaced persons has not lost its' topicality and for Ukraine it has become a new severe challenge.
The aim of the project is to provide professional, accessible, free for the users and fully anonymous psychosocial online care.
Methods.– Analysis of protocols of online counseling sessions and supervisions. The online counseling may be used by any person, but the target audience includes the people who in any way have been affected by the armed conflict: veterans, their families, internally displaced people etc. The counsellors are professional psychologists who were trained within the scope of the project. Sessions may be held in Russian or Ukrainian, according to the user's choice.
Results.– The key and most frequent issues mentioned by the clients are loneliness, the loss of the sense of life, fear, uncertainty, anxiety, difficulties in family relations, in particular, with children, job insecurity, addictions, psychosomatic disorders and so others. Essentially, information on the opportunity to get psychosocial online care is communicated via social media; therefore, to prevent no-show cases, a step-by-step procedure with the description of registration and counselling was made, which enabled to gradually reduce the number of addresses without actual online sessions with a counsellor from 81.8% in October, 66.7% in November, 50% in December 2017 to 20.8% in January 2018.
Conclusions.– Most frequent issues mentioned by the IDPs are loneliness, the loss of the sense of life, fear, uncertainty, anxiety, difficulties in family relations, in particular, with children, job insecurity, addictions, psychosomatic disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0434

Stopblues: a French e-health device to prevent suicide in the general population

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Background and aims.– France is one of the Western European countries most affected by suicide, an epidemiological burden associated with a high societal cost of several million euros per year. Several European projects have either implemented web-based interventions for care of mental disorders associated with suicide or recommended online actions which have demonstrated their effectiveness for suicide prevention.
The objective of the project was the construction of an application and website to prevent suicide in the general population, with its promotion being supported by local authorities and general practitioners (GPs).
Methods.– The detailed content of the devices and promotional tools to be made available to local authorities and GPs was determined through literature reviews and focus groups with experts (psychiatrists, local authorities' workers) and potential users.
Results.– An application and a website were constructed with two parts: a public interface with videos about psychological suffering, coping strategies and the help available, and a private interface which requires registration and gives access to a map with local resources and contact information (psychiatrists, psychologists, associations. . .), mental health questionnaires, a safety plan to fill in case of crisis, an emergency button, and many tips and videos to overcome a period of psychological suffering (see Fig. 1).
Conclusions.– StopBlues can be downloaded on iOs and Android stores, and is available at www.stopblues.fr. Forty local authorities are involved in StopBlues promotion.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0435

Detecting depression on social media for supporting patients' management

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Background and aims.– Over 300 million people are suffering from depression worldwide, with an important impact in health care systems and, in some cases, leading to suicide ideation and attempts. People with depression also use social media (SM) platforms to share information and experiences about their illness.
To identify the behavioral patterns of Twitter users and the linguistic features of tweets in Spanish that could suggest signs of depression.
Methods.– Using the Twitter API for streaming tweets, we selected a set of tweets of users who publicly mentioned in their profile that they suffer from depression ($n = 1{,}100$), and tweets selected randomly ($n = 1{,}006{,}000$). Linguistic features obtained with Natural Language Processing tools were compared between the two sets of tweets.
Results.– The use of the first-person singular pronoun from depressive users doubles those of general users. The main emotion expressed in the depression dataset was sadness (34,5%) meanwhile happiness (54%) was in the random sample ($p < 0.01$). In the depression sample the number of negation words compared to the random sample was 56% versus 78% without negation words, and 28% versus 16% for one word respectively ($p < 0.01$). The depressed users tended to send more tweets during the night.
Conclusions.– Social media have been proposed as a tool for monitoring different diseases such as depression. The language and features of the tweets of depressive users show significant different from non-depressive ones. Linking social media to electronic health record could help health professionals in follow-up and decision-making of depressed patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0436

Technolgy and psychiatry: negative aspests of a flourishing relationship

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Background and aims.– The incorporation of new technological application in all medical fields is a universal phenomenon that also affects Psychiatry. The use of online or mobile psychometric instruments, psychiatric smartphone applications, technologically advanced medication or new forms of psychotherapy, like distance therapy or virtually reality based therapy, are the new psychiatric trends. Nevertheless, this flourishing relationship also manifest negative aspects, not well documented.
Methods.– In order to illuminate the negative consequences of technological aspects, in relation with clinical psychiatric practice, a review of relevant research articles in Pubmed database has been made, in addition to an attempt to categorize systematically alternative, technology-related presentations of psychiatric symptoms in most areas of psychopathology.
Results.– Through the classification of alternative novel presentations of psychopathological symptoms, especially prodromal or negative psychotic symptoms, mania-related behavior and suicidality, their implications in the internet-context digital world of social media are highlighted. Furthermore, technologically related psychopathologies that have recently emerged, like on-line paraphilias, the proposed in DSM 5 Internet Gaming Disorder, or cultural syndromes, like Hikikomori syndrome in Japan, are presented.
Conclusions.– Technology and especially internet, has already transformed the model of medical practice, since the easy access and abundance of the available, yet unconfirmed and unreliable information, has resulted in a transition from an 'informed patient' care to a 'patient (mis-) informed' care. Despite the undeniable progress in disease prevention, objectification of diagnosis and treatment options, technology does seem potentially dangerous or even harmful, under certain circumstances, concerning mental health issues, a fact that the psychiatric community should recognize, highlight and further research.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0437

Artificial intelligence and intuition

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Background and aims.– Fuzzy or fuzzy logic, approximate reasoning, there are many advances by experts in artificial intelligence (AI) to simulate natural intelligence with algorithms.
But how to translate intuition, imagination, ambition for knowledge or even human obsessions, perceptible from the earliest ages, to mathematical algorithms? In a materialized, algorithmized science, there is no place for concepts such as intuition or, let us say, the feeling that they are, to a large extent, responsible for achieving the advances that are marking the first third of the 21st century.
Methods.– General research. Specialized journals, web sites and books.
Results.– Intelligence is a construct, it is not a formula. Its definition is in constant review and scientists have not managed to reach an agreement in centuries. How is an "artificial" production system designed and elaborated correctly from a construct that lacks definition?The simulation of human intelligence based on algorithms exponentially multiplies capacities, but also, in the case of failed or malicious algorithms, errors. Unknown, latent or immediately explosive errors, already processed, converted into big "misdata".
Conclusions.– It is necessary to develop a theory about ethics and even the philosophy applied to AI, and, therefore, the urgent imbrication of the humanities in a world that we are entering fully, that of AI, when not even, until now we have been able to define the concept of intelligence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0440

Digital epidemiology of paraphilias on information exchange platforms

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Background and aims.– We present functional and clinically applicable methodological pipeline for identifying, characterizing, and

helping individuals affected by paraphilia, searching for help within Internet communities. To develop a research tool to examine how people with paraphilias use online technologies to network and exchange health information
Methods.– We applied mixed-methods approach, combining tools in qualitative content analysis of and survey research.
Results.– Our data comes from an extensive digital ethnography of 958 zoophiles, 245 pedophiles, and 320 sadomasochistic fetishists. The proposed approach entails three steps of analysis — retrospective qualitative review of messages, quantitative surveys, and semi-structured video interviews. The final step is interventional — a long-term structured psychotherapy, offered online. For zoophiles, we determined information related to sexual and co-habitation practices, pornography sharing, and prevalence of sadistic traits. For pedophiles, we identified modes of sharing pornography (i.e. using unregistered servers) without getting caught by police. For gay-sadomasochists group, we identified important themes explaining safe sex practices, functional role of having a verbal consent, and safe words, as means of preventing long-term sexual trauma. In all three studies, participants self-reported distress, imposed by their unusual sexuality. Given that self-admission, we reasoned that there is need to develop online counseling for paraphilias.
Conclusions.– Our work offers specialized approach to conducting digital ethnography, with intention to offer follow- up counseling provided online to those needing it.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0441

Tele-psychiatry in Pakistan - experience at AGA Khan University Hospital (AKUH), Karachi

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Background and aims.– According to the World Health Organization (WHO) report 2001, around 450 million people suffer from mental health disorders globally. Despite the high prevalence and potentially disabling consequences of mental disorders, specialized mental health services are extremely deficient. Over 70% of this population does not have access to mental healthcare. These facts clearly manifest an urgent need of looking into other methods of treatment and tele-medicine can help to overcome geographical barriers, and increase access to health care services.
Methods.– This is a cross sectional study on 382 patients seen at Gilgit Medical Centre and Booni Medical Centre. Data was collected from VirtualDoc after approval from ethical review committee, this includes information on socio-demographic details, presenting complains, assessment and management. Data was entered and analyzed using SPSS version 19.0.
Results.– There were more males than females. Most patients were in the age range 21–30 years. The most common psychiatric diagnosis was depression and they were prescribed medications. All the patients seen were satisfied with the service provided
Conclusions.– The greatest promise of tele-psychiatry is providing a feasible alternative for the existing and grossly scarce mental health services. Tele-psychiatry facility has filled the gap in service delivery and offered quality care in far and distant areas and has proved to be time saving, cost effective and resourceful.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0445

Quality of life in patients with breast cancer in relation to oncological characteristics of the disease

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Background and aims.– Breast cancer is the most common cancer among women worldwide. It is, therefore, important to consider every woman individually with breast cancer and assess their quality of life (QOL). QOL provides a meaningful way to determine the impact of health care and it is an integral part of cancer patient management. Objective was to evaluate correlation of different domains of quality of life and oncological characteristics in women who are diagnosed with breast cancer.
Methods.– The study involved 95 patients with breast cancer who completed surgical treatment and are currently receiving adjuvant therapy. It was taken into account the type of cancer and their hormonal sensitivity, as well as the duration of the disease. Information on tumor characteristics and treatment was abstacted from medical records. Patient's quality of life was assessed using the 15-item Flanagan's Quality of Life Scale (QOLS), modified by adding a 16th item on independence.
Results.– The results have shown a correlation between poor quality of life and the duration of the illness ($p = 0{,}017$). Quality of life is considerably depending on whether the cancer is hormon-sensitive ($p = 0{,}004$) or not as well is the cancer HER positive or negative ($p = 0{,}034$).
Conclusions.– The quality of life in patients with breast cancer is one of the most important outcome indicators for chronic diseases associated with the oncological characteristics and the duration of the disease. Quality of life instruments can be useful in the early identification of patients whose score low on functional scales and symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0446

Development of positive and negative emotional reactions and level of anxiety in women treated for breast cancer–initial reports

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Background and aims.– Cancer is the second most common cause of death in the world. The most frequently diagnosed malignant disease among women is breast cancer (about 25% incidence) with more than 2 million new cases in 2018. The diagnosis and treatment of breast cancer in many patients causes serious emotional disorders such as anxiety and depression.
The aim of the study was to measure the intensity of positive and negative emotions and anxiety as a conditioned situational state and personality trait in the studied group.
Methods.– Twenty-three patients with diagnosed breast cancer took part in the study. The Polish adaptation of the Positive and Negative Affect Schedule (PANAS) by D. Watson and L.A. Clark as well as the Polish adaptation of The State-Trait Anxiety Inventory (STAI) by C. D. Spielberger, R. L. Gorsuch, R. E. Lushene were used to assess emotions as a state and as a trait.
Results.– Statistical analyses show that in the studied group:

- the \taverage of positive emotions as a state (28.92) is lower than the \taverage of positive emotions as a trait (34.67);
- the average of negative emotions as a state (21.67) is higher than the average of negative emotions as a trait (18.17);
- the \taverage level of anxiety as a state (41.42) is higher than the level \tof anxiety as a trait (38.34).

Conclusions.– Psychological decompensation, which manifests itself in an increased sense of anxiety and increased experience of negative emotions with simultaneous reduction of positive emotions, occurs in the group of women treated for breast cancer.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0447

Emotional meanings attributed to the head and neck cancer by Brazilian University outpatient service during radiotherapy: a qualitative study

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Background and aims.– Contextualizing, in Brazil the diagnosis of Head and Neck Cancer (HNC) usually occurs when the disease is already at an advanced stage. Biopsychosocial damages resulting from illness and treatment of radiotherapy (RT) interfere meaningfully in patients' quality of life, but each psychosocial group has its manner of reacting.
This work aimed to explore the emotional meanings attributed by patients with HNC to both their disease/illness and the treatment during RT at the General Hospital at the University of Campinas, South-eastern Brazil.
Methods.– A qualitative study using semi-directed interviews with open-ended questions, in-depth. Thirteen invited patients have participated of the study in sample closed by saturation of information. The interviews were audio recorded, fully transcribed and so categorized by Qualitative Content Analysis. The results were peer-reviewed in the Laboratory of Clinical-Qualitative Research.
Results.– The analysis resulted six emerging categories: (1) hard experience in the process of getting ill, medical investigation and final diagnosis; (2) treatment paradoxes and the consolidation of a psychosocial identity due to the HNC; (3) perceptions of a personal impact from the RT; (4) elaboration of changes in body image and relative social identity; (5) a post-treatment imagined/idealized life; (6) the peculiarities of patient-health professional communication.
Conclusions.– The ruptures in social life and emotional impact of illness and treatment come accompanied by feelings of guilt and shame, as wells as a stigma experienced in the face of bodily changes brought about by disease and RT. Negative impact on self-image, limitations in social life, thoughts of death, and grief were related to treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Eating Disorders - Part I

E-PP0448

Gender-related patterns of emotion regulation among patients with eating disorders

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Background and aims.– Difficulties in Emotion Regulation (ER) are common in females with eating disorders (ED). However, no study has so far analyzed ER in males with ED. Objectives: to assess ER in males with ED and to compare results with both females with ED and male and female healthy controls (HC). To examine associations between ER difficulties and personality as well as other psychopathological features.
Methods.– A total sample of 62 males with ED were compared with 656 females with ED as well as 78 male and 286 female HC. Besides psychopathology and personality features, ER was assessed by means of the Difficulties in Emotion Regulation Scale (DERS).
Results.– As expected, males and females with ED showed greater ER difficulties compared to HC. Also, females with ED displayed statistically higher scores than males with ED in most DERS subscales, albeit statistical effect sizes were small. Increased deficits in interoceptive awareness, pronounced general psychopathology and lower self-directedness were shared factors associated with higher ER difficulties in both males and females with ED. However, while higher novelty seeking, lower reward dependence and lower self-transcendence were related to higher ER difficulties in females with ED, lower persistence as a personality trait was significantly associated with ER difficulties in males with ED.
Conclusions.– Results suggest that males and females with ED show similar ER difficulties, yet distinct in some aspects with regard to specific personality traits. Based on these results, greater emphasis and future studies on strategies promoting ER in the treatment of males with ED are needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0449

"The golden cage"–revisiting hilde bruch revolutionary concepts on anorexia nervosa

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Background and aims.– Anorexia nervosa (AN) is the oldest recognized eating disorder, but its aetiology is still poorly understood. With this work, the authors review the theoretical model of AN proposed by Hilde Bruch, one of the most influential figures in eating disorders field.
Methods.– A literature review on eating disorders textbooks and PubMed database was performed, using the terms "anorexia nervosa" and "Bruch."We selected the chapters and articles written in English, which fulfilled the objectives exposed above.

Results.– Bruch conceptualized AN as manifestation of an underlying self-disorder–self-starvation represents a struggle for autonomy and self-esteem. With the ideal of "mind over body" patients experience for the first time they have power and control. Anorexics' families communicate with a "confusion of pronouns", without expression of negative feelings. Patients feel obligated to fulfil the expectations of others, fearing they aren't good enough. Also, the relationship with parents is too close, without separation, individuation, and differentiation. AN occurs as a developmental crisis, when the adolescent is faced with the task of becoming increasingly independent. Additionally, Bruch defends that patients didn't develop accurate interpretations of their own perceptions and can't differentiate between disturbances in their biological field, emotions and interpersonal experiences. The goal of therapy should be to help patients develop a valid self-concept and autonomy–like a sparrow in a golden cage to whom treatment help to discard the notions and ideas that built the cage.
Conclusions.– Bruch established a new model for AN understandings, conceptualisations and treatment, based on developmental disturbances and family interactions, still valid today.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0450

Prevalence of eating disorders and obsessive-compulsive disorder among adolescents schoolgirls: sample from Abha City Southern Saudi Arabia

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Background and aims.– Adolescents concern about their bodyweight and shape can lead to disturbed eating behaviors. The main aims of the current study are to estimate prevalence of both eating disorders EDs and obsessive compulsive disorders OCD among adolescent females, to explore if there is any association in between these disorders, and to correlate the results with different factors.
Methods.– We conducted a descriptive cross-sectional study among 224 girl students at six schools in Abha, southern Saudi Arabia. The main tool of the study was a self-administered questionnaire including socio-demographic, behavioral questions, other important associated factors, Eating Attitude Test 26 (EAT-26) and Obsessive-Compulsive Inventory–Revised short form (OCI-R).
Results.– One third of the sample (34%) had high score of EAT-26. Older age students, obese, secondary grade, wishing to wear small clothes, and obsessed or preoccupied by watching a fashion models news had higher EAT-26 score with statistically significant differences p value (0.03, 0.05, 0.01, 0.001, 0.01) respectively. In relating eating disorder with eating behavior, it was significant with use laxative, diuretics to control weight 7% ($P = 0.04$) and 18.8% ($P = 0.01$) with thought for attempt suicide. About 69.6% of the sampled female students had high score of OCI-R. The association rate between OCD and EDs was 40.2% ($P = 0.002$).
Conclusions.– The prevalence of having OCD was very high. Also, one out of each three girls recorded some degree of eating disorders. We found a very high association between having OCD and EDs, and significant association with suicidal thought or attempt.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0452

Experimental treatment of self-assertion curtails eating disorders (ED) symptoms

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Background and aims.– A deficit in assertive communication skills is a common hallmark in patients with Eating Disorders (ED) as well as detrimental to their recovery. Overall, patients with the most severe EA symptoms may have the most difficulty being assertive. Given that low assertiveness has previously been linked to exacerbation of symptoms and worsening outcomes in these patients, our aim was to study to what extent experimental manipulation of parental self-assertion may impact EA symptoms.
Methods.– Our sample comprised 79 female adolescents with ED that received group therapy treatment at Niño Jesús hospital in Madrid. Out of the 123 parents participating in the study, 59 were part of the experimental group and subjected to training in assertive skills (8-week sessions for about 2 hours). In addition, 64 parents formed the control group (with no assertiveness training). Before and after this training (or the same amount of time for the control group), both parents and adolescents were administered the questionnaire Rathus Assertiveness Schedule (RAS). Adolescents were also administered the Eating Attitudes Test (EAT), a measure of symptoms characteristic of ED.
Results.– The experimental treatment significantly increased RAS scores in both adolescents and parents in comparison with their control groups. Furthermore, there was a significant decrease in EAT symptoms in adolescent patients after their parental assertiveness intervention. No significant changes were observed, however, in the control group.
Conclusions.– Our experimental treatment may represent a promising therapeutic opportunity not only for boosting the levels of assertiveness in adolescents with EA and their parents but also ameliorating EA symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0454

Anorexia nervosa and social ostracism: a case-control study

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Background and aims.– In the present study, we aimed to compare the emotional and the cognitive response of patients with Anorexia Nervosa (AN) during a social ostracism experience and an inclusion one.
Methods.– We enrolled 20 AN patients and 20 healthy controls (HC) to a virtual ball-toss game where they were randomly assigned to the interpersonal ostracism experience or to an inclusion one. Participants were manipulated and instructed of being part of a virtual trio with other two participants present in an another room, but they actually did not exist. AN and HC were ask to complete a survey before and after the toss-game to evaluate the effect of being ostracised or included into a group activity.
Results.– Patients with AN showed a significantly lower difference in the ability to change positive emotions before and after the game when compared to HC only for inclusion scenario (AN vs HC $p = 0.035$), no differences in the excluded one. Examining the two samples separately, we found no emotional or cognitive modifica-

tion in AN patients when they were included or excluded; unlike, HCs have shown greater emotional modification in exclusion scenario than in the inclusion one ($p = 0.027$).
Conclusions.– We hypothesize that patients with AN might be unable to communicate or to perceive different type of social interaction. These results could also our knowledge about both social perception and interaction in patients with AN, especially the way of perceiving self-emotional state or the possibility to modify their self-emotional state according to to external behaviour, showing an important target of therapeutic intervention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0455

Disordered eating behaviour in Portuguese University students–two decades later

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Background and aims.– According to recent European community-based studies, rates of anorexia and bulimia nervosa remained stable or decreased since the 1990s (Smink et al., 2016). This may be due to improved detection and/or changes in diagnostic criteria. However, other eating disorders and some specific disordered eating/DE symptoms may be increasing (Keski-Rahkonen & Mustelin 2016).
Aim.– To analyse whether the levels of DE symptoms in university students have decreased or increased in comparison with the beginning of the 2000's.
Methods.– Sample 1: collected in 2000–2001; $n = 500$ (68.4% girls). Sample 2: collected in 2017–2018; $n = 455$ (79.3% girls). Mean age and BMI (20.14 ± 1.135 vs. 20.20 ± 1.1794; 21.52 ± 2.400 vs. 21.41 ± 2.897) was not significant different between samples. Both samples answered the Eating Attitudes Test-25 (EAT-25; Pereira et al., 2008; Marques et al., 2017), which evaluates Bulimic behaviours/BB and Diet.
Results.– In boys, total (3.76 ± 3.447 vs. 6.33 ± 5.842) and Diet (2.02 ± 2.015 vs. 3.73 ± 3.410) scores were significantly higher in sample 2. In girls, BB (3.32 ± 3.274 vs. 2.30 ± 3.247) was significantly lower and Diet (2.42 ± 2.255 vs. 3.55 ± 3.059) was significantly higher in sample 2. In both genders, 10 items were significantly higher in sample 2, except for item 25 "Have the impulse to vomit after meals". Relevant items such as "Am preoccupied with a desire to be thinner" (10), "Take laxatives" (15) and "Engage in dieting behavior" (23) were significantly higher in sample 2 in both genders.
Conclusions.– DE is not decreasing in Portuguese university students. Given its serious health consequences we should consider to screen for ED in young adults.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0456

Eating disorders and substance use: update and description of a sample of patients in the eating disorders treatment unity of Salamanca

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Background and aims.– Comorbidity between eating and substance use disorders can reach a 35% according to the different samples. The aim of this study is reviewing, collecting and presenting up-to-date information on the usual association between addictions and eating disorders. Additionally, we analize comorbidity in a sample of patients attending out Unity for Treatment of Eating Disorders in the Salamanca University Healthcare Complex
Methods.– Descriptive, restrospective observational study on a sample of 281 patients diagnosed of Anorexia Nervosa, Bulimia Nervosa and unspecified eating disorders. Diagnostic tests employed: EAT-40, EDI-2. In our clynical record model we included questions about the use of substances. Literature review in the main search engines.
Results.– 26% of the sample abused substances: 55% of the Bulimic patients, 35% unspecified eating disorder; 20% anorexia nervosa. The association of different substances was more frequent than the use of only one substance. Alcohol and cannabis were the most prevalent. Comorbidity with Anxiety disorders (30%), Borderline personality disorder (29%) and affective disorders (55%).
Conclusions.– The prevalence of consumption in our sample is lower than expected according to the studies reviewed in the TCA population, however it is higher than the general population, which supports the existence of similarities in the pathophysiology between the two groups as well as an addictive model in the psychopathology of eating disorders, especially Bulimia nervosa (Bealy, Welch, Turón). Moreover, the polydrug use (2 or more) is more frequent than the consumption of a single sutance in our sample.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0457

Cortical thickness and gyrification index in eating disorders

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Background and aims.– Eating disorders (EDs) are psychiatric illnesses with possible neurodevelopmental etiopathogenesis. Aim of this study was to estimate and compare regional cortical thickness (CT) and gyrification index (GI), specific markers of deviations from normal neurodevelopment, in females with EDs and healthy controls.
Methods.– Twenty-two acute anorexia nervosa (acuAN), 10 recovered anorexia nervosa (recAN), 24 bulimia nervosa (BN) women and 35 healthy controls (HC) underwent a 3T MRI scan. Data were processed by FreeSurfer.

Results.– Significant differences were found in CT of left and right lateral orbitofrontal cortex (OFC) and right medial OFC between acuAN and recAN groups. AcuAN group showed reduced CT values in left inferior temporal regions compared to HC. Significant positive correlations were found between body mass index (BMI) and CT in left and right lateral OFC and right medial OFC. AcuAN group showed greater values of GI in cingulate cortex and in paracentral lobule, lower values in right parahyppocampal region than recAN group and lower values of GI in left superior parietal cortex than HC. BN group showed lower GI in right frontal cortex compared to HC. BMI values correlated negatively with GI mean values in parahyppocampal and paracentral clusters.
Conclusions.– Present results show CT and GI alterations in AN patients and, for the first time, in BN ones. Although some of these changes seemed due to malnutrition, they may underlie psychopathological aspects of EDs, since the altered areas are involved in modulation of brain functions such as body image perception, which have a central role in ED psychopathology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0458

Social functioning in eating disorders: an evaluation of theory of mind, empathy, self-other distinction and pro-social behaviour (preliminary findings)

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Background and aims.– It has been theorised that social difficulties play an important role in the maintenance of eating disorder symptoms. A lack of experimental research limits the conclusions that can be drawn on the contribution of specific, modifiable psychosocial factors on abnormal eating behaviours. This has implications for the development of personalised and targeted treatments.
The goal of this project is to map the role that mentalization, theory of mind, empathy, prosocial behaviour and self-other perceptual differentiation have in the maintenance of eating disorder symptoms.
Methods.– Seventy-one women with an eating disorder and 30 healthy controls were recruited. Mentalization was assessed with the Reflective Functioning Questionnaire (RFQ) and The Movie for the Assessment of Social Cognition (MASC). Empathy was measured using the Empathy Accuracy Task and self-other distinction was evaluated with the Imitation-Inhibition task. Pro-social behaviour was measured with The Prosocial Cyberball Game (PCG).
Results.– On average, the clinical group exhibited lower mentalization skills ($p < 0.001$), greater difficulties in identifying fear and anger ($p = .072$; $p = 0.028$) and in imitating others' actions than healthy controls (although not significantly). However, during the prosocial game, the clinical group displayed a greater sensitivity to social exclusion compared to the healthy group ($p = .027$). Difficulties in SF and insecure attachment style were associated with the severity of the eating disorder symptoms.
Conclusions.– These findings indicate that specific, modifiable, psychosocial factors are associated to the severity of eating disorder symptoms and have the potential to inform the development of targeted trainings to remediate these difficulties.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0459

Comorbidity of anorexia nervosa and bulimia with schizophrenia

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Background and aims.– Objective: to study the role of schizophrenia in the development of pathological food craving (PFC) and comorbid impulse disorders in anorexia nervosa NA and bulimia nervosa BN.
Methods.– A 15 years' psychopathological follow-up study of 51 patients with AN restricting type (16 patients, 31,4%) and BN (35 patients, 68.6%) with comorbid schizophrenia.
Results.– The study revealed that the syndrome of pathological food craving includes three main components: volitional, affective and ideational. Prevalence of each component consequentially varied depending on the duration of the eating disorder. On the early stages the affective component of PC was predominant. The maximum obsession and loss of situational control over food intake was observed on the stage which can be characterized as loss of volition. As a rule, it coincided with severe somatic-endocrine disturbances. Stage of remission was characterized by impoverishment, depletion of affect.
Conclusions.– Coenesto-hypochondriac, depersonalization disorder, in the form of stiffness, lethargy, increase muscle tone was revealed in follow up of patients with AN. In patients with BN, there was a significant diversity, brutality of concomitant PC accompanied by psychopathic behavior. These patients showed explosiveness, impulsiveness, exaggerated expression of emotions, easy change of mood, lack of tact. Patients with BN had more chemical addictions (alcoholism, drug addiction, substance abuse) in the catamnesis. Patients with BN showed high comorbidity with affective pathology, and greater emotional safety than patients with AN.
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E-PP0461

Phenomenology of corporeality in anorexia nervosa

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Background and aims.– There are very few and only brief studies about phenomenology of corporeality in anorexia nervosa unlike in other mental pathologies. On the base of a long experience with anorexic patients, this author attempts to face this missing task.
Methods.– Applying the intuitive-phenomenological method, this author describes how anorexic patients experience their body and compares it with the way the dysmorphophobic, depressive and schizophrenic patients do it.
Results.– 1. There is an extreme splitting between the subject-body (der Leib in German) and the object-body (der Körper in German). 2. The anorexic treats her body as a fetish which can be modeled at will. This goes beyond weight loss, since what she tries to do is to submit the body to her will of manufacturing design. 3. The anorexic exercises an absolute power over her body and its needs. Thus, she does not respect hunger, or rest, or the appeal of sex. This

fascination for controlling everything appears also in the pleasure experienced in realizing transgressor behaviors, as robbery. 4. The anorexic feels repugnance for her body, for its flesh, for its volume. Her aspiration goes much further than having the body of a model. What she wants is being permanently losing weight, not having volume. 5. She lives her body as something obscene, as a degrading show of her intimacy in the public space.
Conclusions.– All these characteristics lead the anorexic to a deep feeling of abandonment and hopelessness. This way, her body and consequently, her world, have ceased being a dwelling.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0463

Binge eating disorder: are we speaking of food addiction?

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Background and aims.– Binge eating disorder (BED) is the most prevalent eating disorder and is characterized by chronic overconsumption of food resulting in embarrassment and distress. 'Food addiction' (FA) is currently not a recognized condition in DSM-5. FA presents as a contentious construct and it is uncertain if addictive eating behaviors are more closely related to substance or gambling addiction.
Non-systematic literature review on binge eating disorder and its correlation with addictive disorders (AD).
Methods.– Pubmed database was searched between 2010 and 2018 and articles with the the keywords "binge eating disorder", "food addiction", "addictive disorder" and "substance use disorder" were included.
Results.– BED shares many characteristics with addictive behaviors (e.g., diminished control with significant urges to engage in binging episodes and continued use despite negative consequences, resulting in distress/impairment). Neuroimaging studies suggest corticostriatal circuitry alterations in BED similar to those observed in substance abuse: altered function of prefrontal, insular, orbitofrontal cortices and the striatum. BED may be related to maladaptation of the corticostriatal circuitry regulating motivation and impulse control similar to that found in other impulsive/compulsive disorders. Human genetics and animal studies suggest that there are changes in dopaminergic and opioidergic systems.
Conclusions.– Overall, despite BED and AD represent unique conditions, nascent research suggests an overlap between these disorders. Future investigations need to take great care that AD criteria are properly adapted to food and eating and that reasonable diagnostic thresholds are applied when diagnosing FA.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0464

A connectome analysis in anorexia nervosa by diffusion tensor imaging

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Background and aims.– In this study we used a connectomic approach by means of Diffusion Tensor Imaging (DTI) tractography data to describe the rules that govern the interregional brain interactions in Anorexia Nervosa (AN).
Methods.– 38 patients with acute AN and 38 healthy controls (HC) were included in this study. Freesurfer was used for the parcellation of the cortex, according to Destrieux atlas. FSL Probtrackx was used for the DTI tractograpy analysis. The Graph Analysis Toolbox was used for the networks extraction.
Results.– From a global perspective, patients with AN showed a reduced network clusterization and reduced small-world properties. From a regional analysis, patients with AN showed a higher clustering coefficient in right anterior cingulate gyrus and a higher betweenness in right fusiform gyrus. An analysis of the most central and influential nodes in the network showed an identical hub distribution in AN patients and HC, except for superior parietal lobule and the right superior occipital gyrus. These two nodes showed a high centrality and influence only in HC. Subcortical hubs were equally represented in both groups.
Conclusions.– From a global perspective, altered clusterization and small worldness indicate an unbalanced connectome wiring in AN. Regional analysis evidenced local alterations in two areas with high integrative properties and with a role in AN pathophysiology, being involved in decision making processing and error detection and in the recognition of face and body. Differences in hub distribution and the absence of two important cortical hubs, allow to hypothesize a weakness of the connective backbone architecture in AN.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0465

Psychiatric comorbidity as a risk factor for mortality in people with anorexia nervosa

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Background and aims.– Anorexia nervosa (AN) is found associated with increased mortality. Frequent comorbidities of AN include substance use disorders (SUD), affective disorders (AD) and personality disorders (PD).
Methods.– We investigated the influence of these psychiatric comorbidities on all-cause mortality with demographic and socioeconomic factors considered as confounders in the observation window between January 2007 and March 2016 for 1,970 people with AN, using data from the case register of the South London and Maudsley (SLaM) NHS Foundation Trust, an almost monopoly secondary mental healthcare service provider in southeast London. We retrieved data from its Clinical Records Interactive Search (CRIS) system as data source. Mortality was ascertained through nationwide tracing by the UK Office for National Statistics (ONS) linked to CRIS database on a monthly basis.
Results.– A total of 43 people with AN died during the observation period. Standardized Mortality Ratio (SMR) with England and Wales population in 2012 as standard population for our study cohort was 5.21 (95% CI: 3.77, 7.02). In univariate analyses, the comorbidity of SUD or PD was found to significantly increase the relative risks of mortality (HRs = 3.10, 95% CI: 1.21, 7.92; and 2.58, 95% CI: 1.23, 5.40, respectively). After adjustment for demographic and socioeconomic covariates as confounders, moderately but not significantly elevated risks were identified for SUD (adjusted HR = 1.39, 95% CI: 0.53, 3.65) and PD (adjusted HR = 1.58, 95% CI: 0.70, 3.56).

Conclusions.– These results suggest an elevated mortality in people with AN, which might be, at least partially, explained by the existence of the comorbidities SUD or PD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0466

Psychiatric comorbidity as a risk factor for the mortality of people with bulimia nervosa

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Background and aims.– Bulimia nervosa (BN) is associated with increased mortality. Frequent comorbidities of BN include substance use disorders, affective disorders and personality disorders (PD). These comorbidities may add an additional risk for mortality.
Methods.– We investigated the influence of these psychiatric comorbidities on all-cause mortality with demographic and socioeconomic factors considered as confounders over an observation period from January 2007 to March 2016 for 1,501 people with BN using anonymised health records data from the South London and Maudsley NHS Foundation Trust (SLaM), retrieved through its Clinical Records Interactive Search (CRIS) data resource. Mortality was ascertained through monthly linkages to the nationwide tracing system administered by the Office for National Statistics (ONS). We used Cox proportional hazards regression to calculate hazard ratios (HRs) with 95% confidence intervals (CIs). Multivariable analyses were also performed to estimate effects when controlling for confounding of age, sex, ethnicity, borough, marital status and deprivation score.
Results.– A total of 18 patients with BN died during the observation period. The standardized mortality ratio (SMR) for our study cohort (against the population of England and Wales in 2012 as a standard) was 2.52 (95% CI: 1.49–3.97). Cox regressions revealed significant associations of mortality with older age and male gender. Comorbid PD (HR: 3.36; 95% CI: 1.05–10.73) was significantly associated with all-cause mortality, even after controlling for demographic and socioeconomic covariates.
Conclusions.– These results highlight increased mortality in patients with BN and the importance of recognising and treating PDs in patients with BN.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0467

Psychopharmacological advances in eating disorders

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Background and aims.– Anorexia nervosa (AN), bulimia nervosa (BN) and binge eating disorder (BED) are the primary eating disorders (EDs). The only psychopharmacological treatment options for EDs with approval in some countries include fluoxetine for BN and lisdexamfetamine for BED.
Methods.– We performed a literature search, a review of the clinical charts of inpatients with AN treated with olanzapine, and two quality improvement projects on a specialist unit for eating disorders at the South London and Maudsley National Health Service Foundation Trust to address the question how medication could be beneficial for patients with EDs.
Results.– On the basis of the current literature, own data and theoretical considerations, possible drug targets for the treatment of EDs may include signal molecules and receptors of the self-regulatory system such as serotonin, norepinephrine and glutamate, the hedonic system including opioids, cannabinoids and dopamine and the hypothalamic homeostatic system including histamine, ghrelin, leptin, insulin, and glucagon-like peptide-1.
Even though most patients with AN disagreed with the view that medication would be able to reduce AN symptoms, more than half of them said they would find medication useful if it helped reduce anxiety or sleep problems. Approximately 50% of inpatients were administered "pro re nata" PRN medication during admission.
Conclusions.– On the one hand, there is a lack of psychopharmacological studies and approved medications in EDs, on the other hand, PRN medication is often prescribed - without any evidence in EDs - for pain, agitation, insomnia, digestive problems and anxiety.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Eating Disorders - Part II

E-PP0468

Mesenteric superior artery syndrome and anorexia nervosa–a clinical challenge

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Background and aims.– The superior mesenteric artery syndrome (SAMS) results from compression of the third portion of the duodenum, limited posteriorly by the aorta and anteriorly by the superior mesenteric artery. The simultaneous diagnosis of SAMS and anorexia nervosa (AN) is rare, and there are only a few cases in the literature.
Presentation of a clinical case illustrating the dilemma of the simultaneous diagnosis of SAMS and AN.
Methods.– Presentation of a clinical case and literature review using PubMed database, with the following keywords: "anorexia nervosa" and "mesenteric superior artery".
Results.– C., female, 16 years old, single, with no history of previous psychiatric illness. Referred to the eating disorder consultation for food restriction, significant weight loss and fear of weight gain. She described postprandial infarction and nausea. Deny any purgative or compensatory behaviors.
As she presented an macroscopic haematuria, an abdominal ultrasound was preformed, which revealed a reduction of the aortomesenteric angle (10°) and compression of the left renal vein (Nutcracker Syndrome).
Conclusions.– In AN patients, SAMS might be a consequence and maintenance factor. The rapid weight loss increases the likelihood of duodenal compression by reducing the fat layer that protects the superior mesenteric artery, which is associated with nausea, vomiting, epigastric pain and gastric distension, that may be perpetuators of food restriction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0470

Disgust sensitivity and self-disgust are increased in anorexia nervosa inpatients

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Background and aims.–
Introduction.– Disgust is the key element of adaptive mechanism leading to cessation of the consumption of toxic substances. This emotion might have a significant role in AN, particularly in relation to food and abnormal eating behaviours. Moreover, disgust directed towards self may be an element of AN psychopathology and also wider disturbances in the processing of this emotion.
Objectives.–The study aimed to assess sensitivity to stimuli that arouse disgust (disgust sensitivity), the level of disgust directed towards self (self-disgust), and their relationship with symptoms of eating disorders and anxiety in AN.
Methods.– 63 Polish females: 30 AN inpatients and 33 HCs completed Disgust Scale–Revised (DS-R) and Self-Disgust Scale (SDS), Eating Disorder Inventory (EDI), and State-Trait Anxiety Inventory (STAI).
Results.– AN patients showed increased disgust sensitivity ($p < .05$) and increased self-disgust ($p < .001$) compared to HCs. In AN group there were significant positive correlations between self-disgust and trait-anxiety, and between self-disgust and the severity of eating disorders symptoms. Trait-anxiety and EDI ineffectiveness subscale were the significant predictors of self-disgust in AN group ($r^2 = .64$).
Conclusions.– Patients exhibit impairments in disgust perception reflected in increased disgust sensitivity and self-disgust. Only self-disgust is related to the severity of eating disorders symptoms and the anxiety. These results show that altered disgust processing may be a significant element of AN psychopathology and that it could be potentially addressed in therapeutic process.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0472

Metabolomic signature of anorexia nervosa

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Background and aims.– The gut microbiota contributes to the breakdown of dietary costituents and produces an array of bioactive metabolic products, which may affect human behavior and brain regulation. The assessment of fecal metabolites through a metabolomic approach may help to obtain an overall picture of metabolic changes associated with human diseases and to identify possible biomarkers.
Metabolomic signature of Anorexia Nervosa (AN) has not been deeply investigated, although changes in metabolomics are likely occurring because of the deranged eating behavior.
Methods.– In this study we analyzed the fecal metabolomic profile of 23 women with AN, before (T0) and after short-term weight recovery (T1), compared it with that of 20 healthy controls.
Results.– Nine metabolites (cadaverine, cycloserine, *N*-acetyl ethylenediamine, steric acid, coprostanol, propionic acid, linoleic acid, lactic acid, methyl ketobuthyric acid) were higher in AN patients at T0 compared to T1 and healthy controls; 4 metabolites (fucose, xylose, rhamnose, arabinose) were lower in AN women at T0 compared to T1 and to controls.
Conclusions.– These findings suggest that a specifc metabolomic signature is present in acute pahse of AN. The extent to which these metabolomic changes represent possible biomarkers of AN remains to be determined.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0473

Trauma, alexithymia and binge eating

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Background and aims.–
Background.– Binge eating disorder was recently recognized as a clinical entity in the diagnostic manuals. More studies are needed exploring the different correlates of binge eating symptoms.
Aims.– Explore associations between and the predictive role of having experienced traumatic experiences and of alexithymia and/to binge eating symptoms.
Methods.– 421 participants from the general population and college students (female, $n = 300$; 71,3%; mean age = 30,7, SD = 11,51) responded to the Traumatic Events Checklist, the Binge Eating Scale and the Toronto Alexithymia Scale-20.
Results.– Binge eating prevalence was similar to values found in other Portuguese studies. There was a significant association between body mass index (BMI) and binge eating total score, in both genders. Only in the female subsample, reported sexual trauma, family trauma and total of traumatic experiences showed associations with the binge eating total score. In both genders, the binge eating total score correlated with difficulties in identifying and describing feelings (TAS-20). In the female subsample women the binge eating total score also correlated with the external thinking style (TAS-20). Women that reported being overweight or having obesity in childhood presented current higher binge eating levels. The BMI, the total of traumatic experiences and the difficulty in identifying feelings significantly predicted the binge eating total score.
Conclusions.– This study confirms the role of BMI as a correlate of binge eating and shows that the number of traumatic experiences and the presence of higher levels of alexithymia are associated with binge eating symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0475

Deranged response to an acute psychosocial stress in patients with anorexia nervosa reporting childhood maltreatment: evidence for a "maltreated ecophenotype"?

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Background and aims.– People affected by psychiatric disorders and reporting childhood trauma exposure are characterized by more severe psychopathology and specific neurobiological alterations. Altered stress reactivity is a potential pathway that may confer maltreated children an increased vulnerability to adulthood psychopathology. Although early adverse experiences and interpersonal stress have been recognized as potential risk factors for anorexia nervosa (AN), no study has investigated so far the psychosocial stress reactivity in maltreated AN patients. Therefore, we aimed to assess emotional and cortisol responses to an acute psycho-social challenge in AN patients reporting childhood trauma exposure.
Methods.– Twenty-four AN women and 17 healthy women were included in the study. Patients were classified as maltreated (Mal) or non-maltreated (noMal) according to their Childhood Trauma Questionnaire scores. Participants underwent the Trier Social Stress Test (TSST): saliva samples were collected throughout the test in order to measure cortisol levels while the emotional response was measured by the state scale of the State-Trait Anxiety Inventory.
Results.– Mal AN women ($n = 12$) exhibited a blunted cortisol response to TSST, compared to both healthy subjects and noMal patients ($n = 12$). Moreover, even though pre-TSST anxiety levels in both Mal e noMal patients were enhanced, Mal AN patients displayed a reduced anxiety increase after TSST as compared to either noMal patients or healthy women.
Conclusions.– Our results show a deranged biological and emotional response to an acute social stress in AN patients with childhood trauma exposure, supporting the idea of a maltreated ecophenotype in AN.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0476

Insecure attachment and social stress vulnerability: an experimental study in adult people with eating disorders

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Background and aims.– Vulnerability to interpersonal stress has been widely recognized as an important risk factor for Eating Disorder (ED) psychopathology. Adult insecure attachment may involve dysregulated emotional, biological and behavioural strategies to cope with social stressors. Although the high prevalence of insecure attachment in people with EDs, no study, to date, has explored the impact of attachment dimensions on the individual's response to a psychosocial stressor in ED patients. We investigated the hypothalamic-pituitary-adrenal (HPA) axis response and the emotional reactivity to an acute interpersonal challenge in ED patients in relation to their attachment dimensions.
Methods.– Fifty-two ED women (29 with anorexia nervosa and 23 with bulimia nervosa) underwent an acute psycho-social stressor, the Trier Social Stress Test (TSST). They filled in the Experience in Close Relationship (ECR) questionnaire to assess their adult attachment style. Saliva samples were collected, throughout the task, to measure cortisol levels. The emotional response was investigated by means of the State-Trait Anxiety Inventory state scale.
Results.– Patients with high attachment anxiety and those with high attachment avoidance scores displayed increased TSST-induced cortisol production and higher anxiety levels, in comparison to those with low attachment anxiety or avoidance.
Conclusions.– Present findings confirm that attachment contributes to modulate the emotional and biological reactivities to an acute social threat in ED patients. Future studies are needed to directly assess the attachment-mediated changes in the interpersonal stress responses on ED psychopathology and behaviours.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0477

Clinical and biological aspects of eating behaviors in depressive patients with antidepressant-induced weight gain

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Background and aims.– Antidepressant-induced weight gain in certain patient cohorts may lead to further morbidity and social deprivation. These devastating consequences of treatment could be the result of certain biological damage and eating behavior changes behind it. The aim of the present study was to analyze the clinical and biological aspects of eating behaviors in patients with major depressive disorder who received antidepressant treatment.
Methods.– Data presented in the study were obtained from 89 outpatients with major depression (74% females, mean age–$45{,}04 \pm 11{,}4$ years) at baseline and after 6 months of antidepressant therapy (SSRI, TCA). Clinical evaluation (weight, BMI, weight gain), psychometric instruments (HDRS-17, The Dutch Eating Behavior Questionnaire) and laboratory panel (thyroid hormones, sex steroids, leptin, insulin, lipidogram) were used in the assessment.
Results.– The analysis of received data showed that emotional eating was the most prevalent type (42%) of eating behavior at baseline and restrictive eating was the most prevalent eating behavior type (28%) after 6 months of antidepressant therapy. Patients with antidepressant-induced weight gain (5% increase in body mass during treatment) tend to have higher scores for external eating after treatment compared to patients with increased body mass at baseline. Patients with restrictive eating at baseline showed significant increase in insulin ($p < 0{,}05$) and prolactin ($p < 0{,}01$) levels after 6 months of treatment, while in patients with emotional eating prolactin ($p < 0{,}01$) and leptin ($p < 0{,}01$) levels were increasing.
Conclusions.– Increase in specific eating scores and changes in hormonal levels during treatment support the idea of certain high risks patient profiles for antidepressant-induced weight gain.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0478

Parental attachment and early traumatic experiences: which possible role in eating disorder psychopathology?

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Background and aims.– Insecure attachment and childhood trauma experiences have been found to play pivotal roles in Eating Disorders (EDs). However, their interplay in determining ED psychopathology has been poorly investigated.
We aimed to explore the role of attachment to parents and early traumatic experiences in eating-related psychopathology.
Methods.– Fifty-seven patients with anorexia nervosa (AN), 43 with bulimia nervosa (BN) and 77 age-matched healthy women were enrolled in the study and were asked to complete the Childhood Trauma Questionnaire, the Parental Bonding Instrument and the Eating Disorder Inventory-2.
Chi-square test and regression analyses with a moderation model were performed to investigate the interplay between childhood trauma, parental bonding and ED psychopathology.
Results.– Patients reported more insecure parental attachment and higher levels of childhood maltreatment compared to healthy subjects, with no significant differences between AN and BN groups. Maltreatment events were more prevalent among those patients with low levels of care and high levels of control parenting styles. Moderation analyses revealed that the interaction between low and, possibly, medium levels of emotional abuse with high maternal control increased the prediction of social insecurity in patients with EDs.
Conclusions.– These findings suggest a possible interaction between parental bonding and childhood trauma events in promoting vulnerability to social insecurity, one of the most central dimensions of ED psychopathology. Therefore, our study corroborates the importance of psychotherapeutic interventions focusing on the association between early experiences and interpersonal problems.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0479

Pica in an adolescent with attention deficit hyperactivity disorder

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Background and aims.– Pica is defined as the persistent eating of nonnutritive substances for a period of at least one month in a developmentally inappropriate and culturally unacceptable manner. Causative factors include pregnancy, stress, mental retardation, psychotic disorders and nutritional deficiencies.
Methods.– H.L, a 12-year-old boy, referred to our consultation in the child psychiatry department of Monji Slim Hospital by an adult psychiatrist with complaint of eating the plastic of headphone wires and his fingers' skin.
He reported eating and chewing plastic of headphones and mouse wires, the collars of his clothes, plastic caps and kis fingers' skin.
He described this habit as involuntary happening when he is distracted.
He reported having since early childhood inattention, hyperactivity that decreased with age and impulsivity.
He did not describe any obsessive, compulsive, anxiety and/or depressive symptoms. He described addiction to the internet. The interview with the mother revealed a history of maternal deprivation.
His neuropsychological testing revealed above-average intelligence. There was no history of pica among his family members (figure 1).



Figure 1. PICA IN AN ADOLESCENT WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Results.– He was diagnosed Pica and ADHD (combined type) according to DSM-5 criteria.
Conclusions.– This case illustrates the possible comorbidity of pica and ADHD in an adolescent with a history of maternal deprivation. Further studies are needed to clarify the association of ADHD and this eating disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0482

Obsessive compulsive symptomatology in female adolescent inpatients with restrictive compared to binge-purge eating disorders

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Background and aims.– Strong relationships exist between obsessive compulsive disorder (OCD) and eating disorders (EDs). The aim of the study was to investigate whether OC symptoms would be expressed differently in different ED types.
Methods.– Ninety-four female adolescent inpatients with restricting anorexia nervosa (AN-R), 67 with binge/purge AN (AN-B/P), and 48 with bulimia nervosa (BN) were assessed on admission and

discharge using the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS), Eating Attitude Test-26 (EAT-26), Beck Depression Inventory (BDI), and State-Trait Anxiety Inventory (STAI).
Results.– On admission, patients with AN-B/P exhibited higher scores on the Y-BOCS, YBC-EDS, EAT-26 and BDI in comparison to patients with AN-R or BN. A significant improvement on all psychometric variables from admission to discharge was found for all participants taken together. Nonetheless, patients with AN-B/P and or BN, showed a greater improvement on Y-BOCS, BDI and STAI than patients with AN-R, whereas no between-group difference was fund for YBC-EDS and EAT-26.
Conclusions.– Obesessionality is more severe in acutely ill AN-BP patients than in patients with AN-R and BN, whereas a greater improvement in obsessionality from the acutely ill to the stabilized ED condition is found in patients with binge/purge in comparison to restrictive pathology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Emergency Psychiatry

E-PP0484

Cannabinoid hiperemesis syndrome in a psychiatric emergency setting

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Background and aims.– Cannabinoid hyperemesis syndrome (CHS) is defined as a pattern of recurrent and cyclic vomiting, nausea and abdominal discomfort in relation with chronic cannabis use. One peculiar feature is relief with hot baths. There are some proposed diagnostic criteria, such as those of Simonetto et al. (2012). Emergency department presentations range from dehydration to more serious consequences (i.e. kidney damage) or even death. Our aim is to present a case report of a patient with CHS in a psychiatric emergency setting.
Methods.– Review of the clinical case and literature.
Results.– A 27-year-old woman with a history of anxiety disorder, medicated with sertraline 50 mg/day, was admitted to the emergency department for recurrent episodes of persistent watery vomiting, nausea and abdominal pain. No medical cause was identified and there was no relief with metoclopramide. Considering psychogenic vomiting, psychiatric evaluation was requested. During interview, it was found that the episodes of vomiting were recurrent and progressively more frequent, and started with the beginning of cannabinoid consumption in college (about 3 units/day). She did not identify causable factors, but noted that having a "hot bath" eased her symptoms. The patient responded to olanzapine.
Conclusions.– In this case, 9 of the 11 diagnostic features proposed by Simonetto et al (2012) were present. Given the widespread use of cannabinoids, it's not surprising that the appearance of patients with CHS increases, although it may be under-recognized. Treatment consists of support measures, off-label pharmacological agents (e.g. capsaicin, benzodiazepines, antipsychotics) and the cessation of cannabis use.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0485

Cerebral and genetic peculiarities of affective and cognitive disorders following exposure to ionizing radiation as a result of the chornobyl catastrophe

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Background and aims.– In spite of affective and cognitive disorders increased following the Chornobyl catastrophe, their pathogenesis is unclear. The objectives are to study neuropsychiobiological basis of affective and cognitive disorders in remote period of the Chornobyl catastrophe taking into account certain gene polymorphisms.
Methods.– The randomized sample ($n = 198$) of male Chornobyl catastrophe clean-up workers (liquidators) and 110 non-exposed controls were examined with neuropsychiatric, neuro- and psychometric, neuropsychological, neuro- and psychophysiological methods. The genotypes of the serotonin transporter gene *SLC6A4* were determined by the *5-HTTLPR* and *rs25531* polymorphisms.
Results.– Risk of neuropsychiatric pathology increases ($Pv < 0.001$) with radiation dose. Cognitive impairment at doses >0.3 Sv is dose-dependent ($r = 0.4–0.7$; $P = 0.03–0.003$). Depression and neurocognitive deficit are more severe at higher doses ($\geq$50 mSv). Disturbed brain information processes lateralized to the Wernicke's area are observed at doses >50 mSv. Carriers of intermediate and low-level genotypes (LA/S, LA/LG, LG/LG, LG/S, S/S) of *SLC6A4* have more depression and tend to increased cognitive and stress-related disorders. Onset of depression in carriers of intermediate and low-activity genotypes occurs much earlier (Log-Rank Test = 4.43, $P = 0.035$) in comparison with high-performance genotype LA/LA.
Conclusions.– Radiation-induced dysfunction of the cortico-limbic system in the left dominant brain hemisphere with involvement of hippocampus is considered to be the key cerebral basis of postradiation brain damage. There is association of *5-HTTLPR* and *rs25531* polymorphisms of *SLC6A4* gene with depression and cognitive disorders following exposure to ionizing radiation as a result of the Chornobyl catastrophe.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0487

The first-time encounter with the patient in psychiatric emergency room: how welcome?

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Background and aims.– Literature often highlights the importance of reception in first encounters in the field of health. It presence are often essential to the establishment of the relationship and the therapeutic alliance. To addition, it is obvious that first encoun-

ters in emergency departments between healthcare professional and patient are often problematic, marked by misunderstandings and dissatisfaction. There is a documented paucity of research in this substantive area and no extant theory to guide caregiver in their practice during first-time encounters. We aimed to show how a qualitative method may reveal experiences about how professionals explained their clinical practice in reception context. This paper presents a reception model based on experts' point of view in Psychiatric Emergencies Room (PER).
Methods.– A qualitative approach called, *Grounded Theory Methodology* (GTM) (Glaser & Strauss, 1967), was undertaken in order to identify practice during the first moments of care. Semi-structured interviews were conducted and data were analyzed with the constant comparative method. The study was conducted in Psychiatric Emergency Room.
Results.– Reception is a relational approach. Encounter requires presence, reflection, adaptation, time and availability to welcome the other.
Conclusions.– This study illuminates that clinicians and professionals in crisis intervention need guidelines to better improve their therapeutic interventions in first-time encounters and so the "continuity of care".
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0488

The impact of Safe Haven's on psychiatric admission and detentions

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Background and aims.– Safe Haven's are crisis cafe's and there are five within the county. These were designed with the intent of improving the delivery of crisis care and reducing the rate of psychiatric admissions, detentions and presentations to Accident and Emergency. They are staffed with a psychiatric nurse and can enable direct referrals to secondary mental health care. The aim is to assess the impact the introduction of Safe Haven has had on high intensity users on outcomes including psychiatric admissions, detentions under the Mental Health Act and referrals to liaison psychiatric services.
Methods.– Records of those attending 2 Safe Haven's were compiled. The number of visits for each user was determined and the highest intensity users were selected for the sample. The mental health records were then compared before and after the Safe Haven had opened. Data was collected on the number of detentions, number of hospital admissions and rate of referrals to Home Treatment Team and Liaison Psychiatry as well as demographics. This data was then statistically analysed to determine if there had been a significant difference in the outcomes before and after the introduction of Safe Haven's.
Results.– There were over 8000 visits over a 2year period which involved over 800 individuals. Those who attended most frequently had a difference in the rate of admissions, detentions and referrals to liaison-psychiatry.
Conclusions.– Safe Havens are an effective alternative to reduce the rate of admissions, detentions and referrals to Liaison Psychiatry and provide an effective alternative to A&E as a place of safety.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0489

Depression and alcohol abuse in combatants of antiterrorist operation and radiation emergency survivovrs

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Background and aims.– Depression and alcohol abuse are widespread among combatants of Antiterrorist operation/Joint Forces Operation (ATO/JFO) in Donbass and Chornobyl catastrophe survivors. Objectives are to optimize the psychiatric care for ATO/JFO combatants and Chornobyl liquidators with depression and alcohol abuse through theoretical substantiation, development and implementation new principles and algorithms for diagnosis, treatment and prevention.
Methods.– 160 ATO/JFO combatants and 81 Chornobyl catastrophe survivors with depression associated with alcohol abuse were comprehensively examined with clinical-anamnestic, sociodemographic, clinical psychopathological and somatoneurological, psychodiagnostic, neurophysiological and neuroimaging methods at 5 stages: (1) screening; (2) inclusion; (3) randomization; (4) treatment and (5) catamnestic (follow-up) observation.
Results.– In combatants depressive-hypochondric, asthenic-depressive, and anxiety-depressive syndromes dominated. They had personality deformation, irritative changes on EEG, and cerebral vessels changes. In survivors there is an excess of depression with progressive course, personality changes with psychosomatic pre-disposition, comorbidity with cerebrovascular pathology, neurocognitive deficits and high frequency (24%) of secondary alcohol abuse. Comprehensive social, psychological-psychiatric, medication and somatoneurological help on the basis of a biopsychosocial paradigm was elaborated and successfully implemented.
Conclusions.– The depression and alcohol abuse comorbidity in combatants and Chornobyl catastrophe survivors dramatically decreased their quality of life, increase the working days lost, disability and suicidal risk. The proposed diagnostic complex and differentiated approaches to treatment, prevention and medical and social rehabilitation may increase the level of medical care for the ATO/JFO combatants and Chornobyl catastrophe survivors with depression associated with alcohol abuse.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0490

Clinical picture of intoxication with sodium azide

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Background and aims.– Sodium azide (NaH3) is currently under consideration for being a compound of euthanasia in the Netherlands. Since the compound is freely available on the market and intoxication with NaH3 can lead to tremendous consequences, we provide an educational review on the known health effects of sodium azide in humans in order to help the physicians to recognize the symptoms and to treat the victims of autointoxication.

Methods.– The authors conducted a systematic review of the literature from 1927 to 2017 on human exposure to sodium azide and provided their toxicology expertise to explain the underlying mechanism of intoxication.
Results.– NaH3 acts by inhibition of cytochrome oxidase through irreversible binding to a heme cofactor. Most suicide attempts with NaH3 occur by ingestion. NaH3 exhibits toxic effects at levels of exposure of > 0.5 mg/kg. Nonlethal doses range from 0.3 to 150 mg (0.004 to 2 mg/kg), while fatal doses occur with exposures of >10 mg/kg or =700 mg. Toxic effects correlate to the ingested dose and comprise physiological responses at the vascular level from lower exposures (<700 mg) and those at or above are toxicological responses at the metabolic level. All reported individuals with hypotension for more than an hour died.
Conclusions.– Alike cyanide, NaH3 is highly toxic. Onset of hypotension within minutes or in less than an hour is indicative of a pharmacological response and a benign course. Hypotension with late onset (>1 hour) constitutes an ominous sign for death. There is no specific antidote for sodium azide intoxication.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0491

Myxedema psychosis as the first manifestation of an undiagnosed Hashimoto Thyroiditis: a case study

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Background and aims.– Myxedema psychosis is uncommon in patients with primary hypothyroidism, while the most common psychiatric symptoms are affective disorders. Only since the middle of the 19th century have been described some cases of "myxedema psychosis".
Methods.– A 43-year-old man without psychiatric history was brought to the psychiatric emergency for new-onset aggression, paranoid behaviour, auditory hallucinations and severe sleep disturbances for 3 days. Initial test results showed a TSH level of > 100 μIU/ml (physiological level of 0.27–4.20). No other clinical or laboratory abnormalities were found. A diagnosis of Myxedema psychosis was established and patient was treated with thyroid hormone and antipsychotic medication, with positive response. After discharging the patient achieved a euthyroid state and was without psychotic symptoms, despite the discontinuation of antipsychotic treatment.
Results.– The connection between hypothyroidism and psychosis is probably related to the effect of thyroxine deficiency on neurotransmission. Regarding the chronological sequence, psychotic manifestations have been described after the onset of physical symptoms. It seems also that the severity of the thyroid dysfunction does not correlate with psychiatric symptoms.
Conclusions.– In the present case it is noteworthy that the primary manifestation of hypothyroidism was an acute psychotic episode. It is therefore underlined, that thyroid abnormalities should be considered in all patients presenting with altered mental status, as these changes can take place acutely or have an insidious onset. This case helps to illustrate the importance of promptly recognizing and implementing treatment for reversible causes of psychosis in an atypical presentation of a common medical condition.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0492

Changed legal framework regarding the use of Physical restraints on involuntarily committed patients in psychiatric hospitals in germany: how do we deal with the situation?

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Background and aims.– In the context of the judgment of the Federal Constitutional Court of 24 July 2018 (2BvR 309/15; 2BvR 502/16) [1] the statutory regulations for the use of physical restraints on patients involuntarily committed subject to public law were specified: In the event of five-point or seven-point restraints of not merely short time period, a separate judicial decision is required, even if a judicial order of involuntary commitment in a psychiatric hospital exists. Our objective is to find an appropriate concept for coping with the "new situation" taking into consideration both legal regulations and current clinical practice.
Methods.– Firstly the treatment practice of our emergency psychiatric unit was analysed by comparing the treatment of two patient groups (p1, p2) - the physically restrained treatment cases "with" (p1; $n = 40$) and "without" (p2; $n = 90$) involuntary commitment (excluding involuntary commitment by civil law). The study (2017) focused on socio-demographic patient data, treatment-related data, and specific key figures by using a clinic-internal standardized data collection method.
Results.– There were differences in average age (p1 = 40.5 years; p2 = 36.9 years), gender distribution (p1 = 40/60; p2 = 29/71; female/male), average length of stay in the clinic (p1 = 40.6 days; p2 = 13.7 days), regarding main diagnosis-related distribution (p1 = F10–F19:27.5%, F20–F29:27.5%, F30–F39:27.5%, other:17.5%; p2 = F10–F19:53.9%, F20–F29:11.2%, F30–F39:10.1%, F40–F48:9.0%, other:15.8%), and concerning the quality indicators [2] 'Total Duration of Restraint' (p1 = 36.6 hrs; p2 = 14.2 hrs) and 'Average Number of Restraint Events' (p1 = 3.3; p2 = 1.3) Further key figures, e.g. 'Reasons for Restraint','Type of Restraint' were evaluated.
Conclusions.– Discussions are currently taking place between the clinical experts and the competent judges.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Epidemiology and Social Psychiatry

E-PP0493

Beyond the biopsychosocial aproach: evolutionary models of depression

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Background and aims.– Depression is the leading cause of disability worldwide, with an estimated prevalence of 322 million (4.4% of the world population). The common occurence and persistance of such a phenomenon is difficult to explain. Evolutionary approaches

might be useful as overarching frameworks for unified models of depression and generate interesting hypotheses for research.
Methods.– A systematic review of the literature available was conducted on Pubmed and the studies found were grouped according to several hypotheses.
Results.– The review yielded the following hypothesis: psychic pain, behavioral shutdown model, analytical rumination, rank theory, social risk hypothesis, honest signalling theory, bargaining theory, social navigation theory, prevention of infection and the third ventricle hypothesis. Additionaly, depression can be viewed as a dysregulated adaptation regarding one of several of these potential mechanisms. Each of these combine existing evidence regarding behavioral, neurobiological and social aspects of depression.
Conclusions.– Evolutionary models may offer a way to combine apparently disparate pieces of evidence on depression, be useful as overarching frameworks for unified models of depression (Aaron T. Beck et al., 2016) and generate interesting hypotheses for research.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0494

Psychiatric repercussions of mandatory smoking cessation in a general hospital

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Background and aims.– Smoking is totally prohibited in most of the hospitals in the world. Abrupt cessation can lead to some mild to severe psychiatric repercussions.
Methods.– We describe a case report of a patient admitted to the surgery unit who presents disruptive behaviour after being told not to smoke.
Results.– The case consists of a male patient who has been smoking since he was fifteen. He never tried to quit tobacco and at the moment of the admission, he was smoking close to forty cigarettes per day. In the hospital, he had to stop smoking abruptly. He felt anxious, irritable and aggressive during the first days.
We were told to give him psychiatric attention and prescribed nicotine patches and some anxiolytic treatment. Once he felt relieved we provided him with information about the tobacco cessation clinic with the aim of him stopping smoking after his discharge.
Currently he is abstinent of nicotine.
Conclusions.– Smoking tobacco habit is a very common addiction among all groups of age. Sudden tobacco cessation due to hospitalization can lead to aggressiveness, anxiety, mood disorders, and other psychiatric disorders. An adequate and protocolized approach is needed with this group of patients to improve the general health outcome and to bring the best experience within the hospital. Interdisciplinary cooperation is needed to tackle more efficiently those situations.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0495

Individual benzodiazepine exposure during early pregnancy and the risk of spontaneous abortion

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Background and aims.– Benzodiazepines are frequently used during pregnancy. We aimed to quantify the risk of spontaneous abortion associated with prenatal benzodiazepine use as a class and for individual benzodiazepine.
Methods.– A nested case-control study was conducted within the Quebec Pregnancy Cohort, 1/1/1998 to 31/12/2015. Five controls were matched to each case of spontaneous abortion. Benzodiazepine exposure was defined by filled prescriptions and identified as (1) non-user, (2) used in the year before pregnancy, and (3) used during pregnancy. Conditional generalized estimating equation regressions were used to estimate odds ratios (OR) and 95% confidence intervals (CI) for the risk of spontaneous abortion.
Results.– A total of 1,195 (3.92%) of the 30,470 pregnancies ending with a spontaneous abortion had at least one filled prescription for benzodiazepine during pregnancy, as compared with 2,670 (1.77%) of the 151,264 matched controls. After adjusting for potential confounders, early pregnancy benzodiazepine exposure was associated with an increased risk of spontaneous abortion (aOR 1.57, 95%CI 1.43–1.73); but not pre-pregnancy exposure (aOR 0.95, 95%CI 0.88–1.01). Early pregnancy exposure to alprazolam (aOR 1.39, 95%CI 1.10–1.77), clonazepam (aOR 1.34, 95%CI 1.17–1.54), flurazepam (aOR 2.04, 95%CI 1.22–3.42), lorazepam (aOR 1.61, 95%CI 1.41–1.84), oxazepam (aOR 1.42, 95%CI 1.13–1.79) and temazepam (aOR 1.50, 95%CI 1.06–2.14) were associated with an increased risk of spontaneous abortion.
Conclusions.– Maternal exposure to alprazolam, clonazepam, flurazepam, lorazepam, oxazepam and temazepam during early pregnancy were associated with an increased risk of spontaneous abortion. Benzodiazepine exposure before pregnancy alone was not increasing the risk of spontaneous abortions, suggesting that findings cannot be explained by indication bias.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0496

Prevalence of common mental disorders in widowhood: a systematic review and meta-analysis

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Background and aims.– Widowed people have a high risk of common mental disorders, however no summary estimates of the prevalences exist.
The aim of this study is to conduct a systematic review and meta-analysis of the prevalence of common mental disorders in widowed people in the community.
Methods.– MEDLINE, Embase and PsycInfo were searched (May 2017) for papers reporting on prevalence of common mental disorders and widowhood. Eligible studies were included in random effects meta-analyses of the prevalence of depression and anxiety disorders. Subgroup analyses were performed on method of assessment of depression and age and gender.
Results.– The literature search identified 12,982 titles of which 38 were eligible for meta-analysis. The pooled prevalence of depres-

sion in studies using a screening scale was 40.69% (32.77%–48.62%) ($n = 26$). For studies using full diagnostic criteria the pooled prevalence of depression was 19.21% (13.38%–25.04%) ($n = 12$). Subgroup analyses of age ($\geq$ or < 65) and gender did not show any differences regarding depression. Five studies reported the prevalence of anxiety disorders. The pooled prevalence estimate was 26.91% (8.09%–45.73%).
Conclusions.– Widowed people have a high prevalence of depression and anxiety disorders. The high prevalence of depression was independent of age and gender. The study identifies a population group at high risk needing special attention in clinical practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0497

The association of time since spousal loss and depression in widowhood: a systematic review and meta-analysis

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Background and aims.– Widowhood is associated with a high prevalence of depression. However, no summary estimates of the longitudinal association of the time since spousal loss and the prevalence of depression exist.
The aim of this study is to conduct a systematic review and meta-analysis examining the association of the prevalence of depression and time since spousal loss in widowed people.
Methods.– The databases MEDLINE, Embase and PsycInfo were searched (May 2017) for papers reporting on time since spousal loss in widowed people and the prevalence of common mental disorders. Random effects meta-analyses of the prevalence of depression were conducted by intervals of time since spousal loss.
Results.– The literature search identified 12,982 studies of which 14 were eligible for inclusion in the meta-analysis. The summary estimates for the prevalence of depression in the intervals of time since spousal loss were: $\leq$1 month: 38.3% (21.9%–55.8%), >1 month to 3 months: 26.8% (17.0%–37.7%), >6 months to 12 months: 19.4% (15.2%–24.0%), >12 months to 18 months: 11.1% (5.3%–18.7%), >18 months to 24 months: 15.2% (12.3%–18.2%), >24 months to 60 months: 10.5% (4.3%–18.5%).
Conclusions.– Widowhood is associated with a high prevalence of depression and the study identifies a population group needing special attention in daily clinical practice. The prevalence is highest in the first month of widowhood, however continues to be high at least five years into widowhood.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0498

Sociodemographic characteristics and clinical variables as predictors for rehospitalization in psychiatric hospital

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Background and aims.– Repeated hospital treatment is related with many clinical variables and with sociodemographic characteristics. Rehospitalizations for psychiatric patients are an increasing health care burden. Psychiatric readmissions have been studied at length. However, knowledge about how environmental and health system characteristics affect readmission rates is scarce.
Aim of this study was to determine whether sociodemographic characteristic and clinical variables can be used as predictors for future hospital treatment.
Methods.– The retrospective analysis included medical records of 70 patients (27 women and 43 men) admitted to the Psychiatric hospital of Canton Sarajevo in 2016. Patients were divided into two groups (experimental $n = 34$, control $n = 36$). Control group included patients with one hospital treatment, while experimental included patients with several hospitalizations in our hospital.
Results.– This study included 70 patient; 34 in experimental group and 36 in control. Average age in control group is 54; in experimental group 49,97 with no significant difference. Regarding sex distribution, there were no statistically significant differences between groups. There was statistically significant difference regarding psychotic symptoms at admission; prevalence of symptoms was much lower in control group ($p = 0{,}0334$). We found no statistically significant difference between two groups analyzing sociodemographic characteristics.
Conclusions.– The implications of these results could have great impact on future work of psychiatrist with inpatients. It is demonstrated that psychotic symptoms are predictors for rehospitalization. Background of this hypothesis could be avoidance of proper use of recommended therapy, that leads to psychotic eruption and consequently admission to hospital.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0500

Mental health, discrimination and service use of the finnish roma population. first results of the finnish roma wellbeing study (ROOSA)

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Background and aims.– The National Policy on Roma has been implemented in Finland since 2009 to advance the Finnish Roma minority inclusion and equal treatment. The policy states that Roma wellbeing is promoted and social and health services are targeted towards the Roma, however there has been a lack of research data pointing the ethnic gaps in health and wellbeing. The aim of the Finnish Roma Wellbeing Study was to investigate the Finnish Roma minority health, wellbeing and usage of social

and health services in Finland, including various aspects of mental health.
Methods.– The Finnish Roma Wellbeing Study was targeted to the Finnish Roma minority population aged 18 or older (n = 330), gathered in 2018 and including a health examination and an individual structured face-to-face interview. Research assistants who were Roma themselves introduced the study to Roma communities and individuals and invited them to participate. Mental health was assessed with eg. HSCL-25 and MHI-5.
Results.– Mental health symptoms were more prevalent, especially among the women, in comparison to what has been observed in the Finnish general population. Experiences of discrimination were also highly prevalent.
Conclusions.– Data on ethnic minorities is needed in order to reduce the ethnic gaps in health, including mental health, and to development service systems to serve the whole population. In order to conduct a survey among the Roma community, trust must be built, flexible survey protocol must be utilized and Roma research field staff must be involved.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0503

Recovery-café: a peer-run service for people in a mental crisis

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Background and aims.– Peer-operated mental health services focusing on personal recovery have received increasing attention.
We studied whether a peer-run low-threshold service in the late afternoon is accepted by people in a mental crisis, can be operated by peers without assistance of other professionals, and become an alternative to an emergency department.
Methods.– Since January 2017 the Department of Psychiatry at Klinikum Bremerhaven runs a recovery-café (opening hours: Monday to Friday 6 p.m. to 10 p.m) in downtown Bremerhaven operated by peers with an EX-IN-training. Analysed were the questionnaires filled in by the guests, three focus-groups on the issue "Recovery-Café" and the use of the emergency department by people in a crisis.
Results.– Between January 2017 and June 2018 the recovery-café had 2294 visits by 188 guests (81 female, 101 male, 6 missing data, age: 19 and 78 years) who came for different problems, some also out of curiosity, boredom or loneliness. They appreciated the social contacts, the conversation and the safe and calm atmosphere. During the second half of 2017 it became apparent that on the one hand guests come to the recovery-café with an acute problem and on the other hand a group considers the café as an alternative offer in the evening or comes to prevent a mental worsening. Up to now running the recovery-café had no significant effect on the use of the emergency department, but seems to be an additional, useful service.
Conclusions.– A peer-operated service in the late evening is accepted and mostly appreciated by people in a mental crisis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0504

Undergraduate students' anxiety and depression prevalence at the university of patras, greece due to academic and other stressors including gender inequality: a cross-sectional study

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Background and aims.– Admission to higher education, poses extreme stressors upon students prone to develop emotional and anxiety disorders. The aim of the present study was to estimate the prevalence of anxiety and depression in undergraduates of the University of Patras, investigating the association of academic, psychosocial and socio-demographic stressors.
Methods.– 2424 students were included. A self-administered online questionnaire for the socio-demographic and academic characteristics and the Hospital and Anxiety Depression Scale (HADS) were used for the assessment. All statistical data analyses were performed using SPSS version 21.0 (IBM Corp, 2012).
Results.– High anxiety (57%) and depression (36%) frequencies were reported. Mean HADS anxiety scores were 7.7 in males and 9.3 in females, despite females' overall better academic performances and following studies of their choice opposed to males. In univariate analysis, females, lower academic performance, less communication or cooperation with fellow students and teachers, higher competitiveness in the academic environment, lower quality of university facilities as well as dismal future career outlook had higher scores for females compared to comparative males. Comparing the results with a same study performed in 2012, the proportion of students with anxiety and depression has nearly doubled (56.7% vs. 34.2% and 36% vs. 18%, respectively).
Conclusions.– A substantial proportion of students at the University of Patras suffer from anxiety and depression while females seem to be more affected on the stressors posed upon them possibly indicating a gender inequality related to the academic environment conditions, expectations imposed as well as the current socio-economic structure in Greece.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0505

Assisted delivery and cesarean section and risk of autism spectrum disorder

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Background and aims.– Although the dramatic rise in rates of autism spectrum disorder (ASD) could be attributed in part to changes in ASD definition and increase in awareness, increase in prevalence of certain non-genetic pre- and perinatal risk factors might also be implicated.
Methods.– We conducted a historical cohort study to examine the association between obstetric procedures (cesarean section [CS], assisted delivery, and induction by pitocin) with risk of ASD. The cohort consisted of the national birth and autism databases of Norwegian's National Health Insurance Registry (N = 2,234,392 live births). We used logistic regression models to compute odds ratios (OR) and 95% confidence intervals (95%CI) for ASD for every obstet-

ric procedure vs. all births in which the specific procedure was not applied. Data were stratified on sex and gestational age for all procedures, and on type of surgery (elective vs. emergency) for CS.
Results.– We found a 67% increase in ASD risk among children born by CS compared to vaginal delivery (95%CI, 1.48–1.88; $p < .001$). The association was independent of type of surgery and persisted after stratification by gestational age categories. An increased risk for ASD was also observed in forceps-assisted deliveries, but was limited to male post-term newborns. No association was found between vacuum extraction or pitocin induced labor and ASD.
Conclusions.– Both elective and emergency CS were found to be associated with risk of ASD across gestational ages. This finding is consistent with some of the previous studies and might help identify newborns at risk for ASD, and might also have potential implications for risk reduction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0506

Models of the impact of living conditions and psychiatric care resources on the indicators of mental health among the population of the russian federation

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Background and aims.–
Introduction.– Analytical models of the relationship between the mental health of the population and socio-economic factors, based on data for Russia during the period 1992–2012, were presented in works [1–2].
Aim.– This study aims to obtain quantitative assessments of the effect of medico-demographic and socio-economic factors on the key indicators of mental health of the population of the Russia for the period 1992–2016.
Methods.– To assess the significance of the relationship between the indicators of mental health and medico-demographic and socio-economic factors, correlation and regression analysis were used.
Results.– At the population level, quantitative assessments have been obtained of the impact of socio-economic and medico-demographic factors on the dynamics of the main indicators (prevalence, incidence, suicide rate) of the mental health of the population of the Russia for the period 1992–2016. Robust models (R^2 ranging from 0.95 to 0.99) were obtained of indicators of prevalence for all diagnostic groups.
Conclusions.– Models have been developed that link the main indicators of the mental health of the population to demographic and socio-economic factors; they have good predictive characteristics.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0508

Primary and specialized somatic health care utilization prior to cardiovascular death in individuals with severe mental illness

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Background and aims.– Lower levels of prevention and treatment of cardiovascular disease (CVD) in individuals with schizophrenia (SCZ) or bipolar disorder (BD) are documented, but less is known if this disparity persists in individuals close to cardiovascular death. We examined whether SCZ and BD were associated with lower likelihood of diagnostic testing and treatment for CVD prior to cardiovascular death.
Methods.– A nationwide study of 72,451 cardiovascular deaths in the years 2011–2016, of whom 814 had a diagnosis of SCZ and 673 a diagnosis of BD in primary or specialized health care. Logistic regression was used to study the impact of SCZ and BD on uptake of cardiometabolic tests (i.e. ECG, echocardiography, measurement of blood pressure, cholesterol, glucose and HbA1c), and invasive cardiovascular procedures (i.e. revascularization, pacemaker implant or peripheral vascular surgery) prior to cardiovascular death.
Results.– Preliminary results suggests that individuals with SCZ were 26% less likely (adjusted OR 0.74; 95% CI 0.61–0.89) and individuals with BD 37% more likely (adjusted OR 1.37; 95% CI 1.06–1.77) to receive cardiometabolic tests, compared to individuals without SCZ or BD. Among individuals with diagnosed CVD prior to death, individuals with SCZ or BD were 44% (adjusted OR 0.56; 95% CI 0.43–0.72) and 35% less likely (adjusted OR 0.65; 95% CI 0.50–0.84) to undergo invasive cardiovascular treatment, compared to individuals without SCZ or BD.
Conclusions.– Patients with schizophrenia and bipolar disorder receive less invasive treatment for CVD prior to cardiovascular death, and patients with schizophrenia less diagnostic testing. Stronger effort to detect and treat CVD in these patients is needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0509

Prevalence of dsm-iv major mental psychiatric disorders among north korean defectors in South Korea

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Background and aims.– The aim of this study was to estimate the prevalence of the major psychiatric disorders among North Korean defectors (NKD) who has settled in South Korea.
Methods.– The study population was consisted of 294 North Korean defectors, aged 18 to 64 years within 3 years of settling in South Korea. Between June 1st, 2016 and October 31st, 2016, face to face interviews were conducted using the North Korean version of the WHO-Composite International Diagnostic Interview (NK-CIDI) to diagnose DSM-IV psychiatric disorders.
Results.– The lifetime prevalence of any DSM-IV psychiatric disorders were 62.1% in NKD and 26.6% in general Korean population. Those specific disorders in NKD and general South Korean population were as follows: 25.1% and 5.1% for major depressive disorder (MDD), 22.4% and 1.4% for post-traumatic stress disorder (PTSD), 6.3% and 5.0% for nicotine dependence, 17.9% and 13.6% for alcohol use disorder. The incidence of every single psychiatric disorder occurred differently in each country. For instance, the generalized anxiety disorder, specific phobia, and alcohol use disorder occurred more frequently in North Korea whereas PTSD were more prevalent in third countries. However, MDD occurred evenly in North Korea, South Korea and third country.
Conclusions.– The prevalence of psychiatric disorders among NKD were quite higher than the general population of South Korea. Ideally, mental health support would be the priority step of a successful adaptation for those defectors as well as refuges for a new settlement and their subsequent quality of life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0510

Predictors for the duration of inpatient hospital stays in intensive case management in eastern lower Austria?

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Background and aims.– Since 2012, as a result of the Lower Austrian psychiatry plan, the Psychosoziale Zentren GmbH (PSZ) worked on the implementation of Intensive Case Management (ICM) in the eastern part of Lower Austria. The aim of the present study is to examine whether there are any indications in the ICM in Lower Austria about the personal or treatment characteristics associated with inpatient admissions.
Methods.– Statistical evaluation was performed with SPSS. Descriptive analyzes, 2-sided *T*-tests and a multivariate linear regression analysis were performed.
Results.– 240 patients, 162 women (67.5%) and 78 men (32.5%) were recorded for this study. The results showed that the number of annual hospital days during ICM decreased significantly by an average of 6.3 days (SD = 31.3; $p = 0.002$) from 11.3 before ICM (SD = 31.3) to 5.0 during ICM (SD = 14.5).
The linear regression model (figure 1), used the variables of inpatient days in the previous year before ICM, employment, age, psychiatric diagnosis of a psychotic illness or a personality disorder, current housing status and number of annual involuntary hospital admissions, that explained 22%. (R2 = 0.22, $p = 000$) of the variance of the number of annual inpatient days during ICM. Only inpatient days in the year before ICM and involuntary inpatient stays during ICM reached significant coefficients with $p = 000$ (0.17 and 8, 87).

Regression coefficient

	Non standardized coefficient		Standardized coefficient		
Model	Regressions coefficient B	Standard error	Beta	T	Sig.
(Constant)	-3,31	5,49		-0,6	0,547
F6x diagnosis	6,07	3,13	0,15	1,94	0,054
Annual hospital days before ICM	0,17	0,04	0,28	3,97	0
Annual involuntary hospital stays during ICM	8,87	2,49	0,36	3,57	0
Age	0,06	0,08	0,05	0,66	0,511
F2x/F31.x diagnosis	3,7	2,65	0,11	1,4	0,165
Annual involuntary hospital stays before ICM	-1,73	4,43	-0,04	-0,39	0,698
Patient is employed	-4,99	5,26	-0,06	-0,95	0,344
Patient lives alone	0,62	2,17	0,02	0,29	0,776

Model summary

R	R-Square	Corrected R-Square	Standard error
,46[a]	0,22	0,18	14,42

ANOVA[a]

Model		Sum of squares	df	Mean of squares	F	Sig.
	Regression	10320,14	8	1290,02	6,2	,000[b]
	Non standardized residuals	37656,82	181	208,05		
	Total	47976,96	189			

Figure 1. Influence factors for annual hospital admission days–a: dependant variable: annual hospital days during ICM–b: independant variables: (Constant), patient lives alone, patient lives alone, annual involuntary hospital stays before ICM, annual involuntary hospital stays before ICM, F6x diagnosis, F2x/F31.x, diagnosis, annual involuntary hospital stays before ICM.

Conclusions.– The results show the effectiveness of ICM in reducing hospital days, but can only partially explain which factors influence these reduction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Epidemiology and Social Psychiatry/Mental Health Care

E-PP0511

Use of direct coercive measures on the example of psychiatric hospital in wrocław (POLAND)

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Background and aims.– The prospective study was carried out in the psychiatric hospital in Wrocław because of the highest rates of coercion recorded in the Lower Silesian Voivodship.
Aims of the study are to assess: (1) the frequency of direct coercive measures in the hospital, (2) the main factors predisposing to direct coercion.
Methods.– Hospitalised patients and situations of use of direct coercion were assessed with the help of selected tools (MPCS, BPRS, GAF, CAT, MANSA) and additional questionnaires on basic data. The study included patients who during their stay felt a sense of coercion or were hospitalised without consent or were coerced during their hospitalisation. 346 patients were enrolled in the study, of which 237 were interviewed in person.
Results.– The rate of use of direct coercion reached a value of almost 21% in relation to all patients. Mechanical restraint dominated and accounted for 80% of all episodes.

Admissions under Articles 22.2a and 24.1 of Mental Health Act were associated with a higher risk of direct coercion, and this risk decreases significantly in the case of admissions under Artcle 29. The use of direct coercion during earlier hospitalisations and multiple previous hospitalisations without consent, severity of symptoms examined using the BPRS, lower score in functioning measured using the GAF are associated with an increased risk of direct coercion.
Conclusions.– The psychiatric hospital in Wroclaw is characterised by relatively higher rates of direct coercion in comparison to national surveys. There are risk factors which should be taken into consideration in case of admission to psychiatric hospital.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0512

World mental health survey Turkey: methods and preliminary results

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Background and aims.– Psychiatric epidemiological surveys reveal high rates of mental disorders worldwide. The World Mental Health Surveys (WMH-S) were conducted on more than 150.000 people in 27 countries. The first national-scale epidemiologic study (Mental Health Profile of Turkey) was done 20 years ago (Kilic 1998). In that study, 7500 people were interviewed using Composite International Diagnostic Interview (CIDI 1.0). A new survey is timely, since no national-scale studies were conducted in past 20 years; Turkey's population has increased from 60 million to 80 million; the proportion of people living in cities has increased from 60% to over 92%; major changes were implemented in the healthcare system; and finally, wars and armed conflicts and massive migration are widespread in the region.
Methods.– We are presenting the preparation phase and preliminary results of the Turkish World Mental Health Survey, a population-based epidemiological survey. The study will be representative of all Turkish citizens over the age of 18. It will use a stratified, multi-stage, probability proportionate to size sample of Turkish citizens living in 12 economic areas. Total targeted sample will be 7.000. 100 trained interviewers will conduct face-to-face interviews, using tablets, equipped with the CIDI-5, which will elicit DSM-5 diagnoses of common mental disorders.
Results.– The CIDI-5 has been translated into Turkish. We have also extensively pre-tested the translated CIDI-5 using a series of cognitive interviews. The data collection is underway.
Conclusions.– The preliminary results showing the current and one-year prevalences of common mental disorders, and basic risk factors (such as gender, age, education) will be presented.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0513

Should I stay or should I go. . . personal considerations and opportunities of people using inpatient reintegration support to move out into independent living

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Background and aims.– In 2015, around 70,000 people with chronic psychiatric disorders in Germany used the services of inpatient reintegration support within the social welfare system. Against the background of current political demands for a higher degree of empowerment and participation, the services of inpatient reintegration support are becoming increasingly controversial. In fact, it is currently evident that many people remain in the residential reintegration institutions, despite their desire to live independently. In addition to aspects of disorder severity and a lack of affordable housing, personal considerations and capabilities play a crucial role.
Methods.– The study examines residential patients who moved from a reintegration assistance institution in Hanover into their own homes. A longitudinal and outreaching study design is used. The participants are interviewed by qualitative guideline-based interviews first in the institution before they moved out and second in their independent livings six weeks later.
The interviews are analyzed following qualitative content analysis according to Mayring with regard to these key questions:
What are reasons for and against leaving the residential institution? How do they reflect their decisions six weeks after move out? What kind of support did they experience and what obstacles did they face?
Results.– Reasons for leaving the residential institution as well as individual, social, institutional and environmental resources and obstacles will be presented.
Conclusions.– The results provide an insight into difficulties and needs for support in order to realize a self-determined life in an independent living. Recommendations for concrete changes to the existing institutionalized support system in Germany will be derived.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0514

Exploring the link between stigma and social representations among people with and without schizophrenia in the French context

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Background and aims.– Culturally shaped negative representations lead to discrimination and self-stigma of people with schizophrenia. In France, there are few studies on representations of schizophrenia. In this study, we explored the representations that individuals associate with this mental disorder in the French context, as well as the relationships between their own representations and the representations they attribute to other French people.
Methods.– Data were collected by questionnaire from individuals in the general population ($N = 98$) and those with schizophrenia ($N = 59$). Using a verbal association technique, participants produced five words spontaneously based on the inductor word "schizophrenia". The instruction invited them to respond on their own behalf, but also "as the French would in general". Prototypical and similarity analyses were carried out.
Results.– Results showed that the representations of participants from the general population were associated with a vocabulary rel-

ative to schizophrenia as an illness and further with stigmatizing stereotypes, such as madness, dangerousness and split personality when they expressed themselves on their own behalf. They also drew on ideas of psychopathy and confinement when they imagined how French people in general express themselves on the subject of schizophrenia. Participants with schizophrenia who had a clear view of the general population's stereotypes also mostly referred to negative experiences and emotions such as loneliness, suffering and fear.
Conclusions.– These findings underline the value of considering the representations associated with schizophrenia in designing awareness campaigns for the general population, but also in caring for people with schizophrenia who suffer from stigmatization.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0515

Burn injuries and post traumatic stress disorder in Korea

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Background and aims.– The objective of this study is to broaden our understanding of psychiatric disorders due to work-related burn injury compensated by the Industrial Accident Compensation Insurance operated by the Korea Workers' Compensation and Welfare Service
Methods.– Using the KCOMWEL electronic database, we collected data on psychiatric disorders due to work-related burn injury based on workers' compensation records from 2005 to 2014 and analyzed the characteristics of the claims.
Results.– The average number of claims per year for post-traumatic stress disorder was 67 and the approval rate from 2005 to 2014 was 53.6%. Regarding occupation, 63 workers were elementary workers involved in the performance of simple and routine tasks which may require the use of hand-held tools and considerable physical effort and 59 were electrical and electronic equipment fitters and repairers. Acute stress disorder, non-organic insomnia, and sexual dysfunction were the most commonly approved psychiatric disorders associated with work-related burn injury, followed by mixed anxiety-depressive disorder.
Conclusions.– We analyzed the characteristics of the psychiatric disorders due to work-related burn injury for which compensation was received from 2005 to 2014 according to the approved results. To gain a long-term understanding of the management of workers' compensation status for psychiatric disorders due to work-related burn injuries, we should gather accurate information on the risk factors involved in order to achieve the needed systematic improvements.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0516

Development and psychometric evaluation of the new scale-based measure of mental health literacy for healthcare students and professionals

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Background and aims.– Informed by previous definitions of mental health literacy (MHL), MHL is an evolving construct with distinct components. There are currently no published scales to assess MHL of healthcare students and professionals. This study aims to develop a new scale-based measure of MHL, which assesses multiple components of MHL and its psychometric properties.
Methods.– The participants were undergraduates from department of medicine and department of public health among 11 universities in Taiwan. The development of the Mental Health Literacy Scale was done over three key stages: (1) measure development based on the latest definition of MHL, a narrative literature review, and focus group interviews including professionals within the healthcare discipline to establish content validity, (2) pilot testing ($n = 32$), and (3) scale construction, item reduction through item analysis and factor analysis, and assessment of internal consistency, convergent validity, concurrent validity and known group validity ($n = 1294$).
Results.– Thirty-nine items with five factors were generated: promotion of positive mental health, recognition of mental illness, mental illness stigma, help-seeking efficacy, and help-seeking belief. Good internal consistency reliability was obtained ($\alpha = 0.84$). Higher MHL was associated with lower social distance and greater mental health, respectively. Participants having familiarity with mental illness had higher MHL than their counterparts.
Conclusions.– A valid and reliable five-dimensional instrument measuring levels of MHL was developed. Our findings have the potential to complement and expand current measures of MHL. This measure can be used in assessing levels of MHL and in determining the impact of interventions to improve MHL in healthcare students and professionals.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0517

"The boomerang" project. rehospitalization patterns as potential targets for post hospitalization intervention procedures aiming for prolongation of outpatient periods

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Background and aims.– Polish psychiatry is currently undergoing transition and the Boomerang project aims to develop a new patient-oriented system of care and ameliorate very high readmission rates (38% among 1018 patients in 04.2016–04.2018 period) in Mazovian Specialized Health Centre in Pruszków. Current research is a holistic summary of the "Interview and Case Research" phase of the project.
Methods.– Medical records of "boomerang" patients were analysed for factors contributing to readmissions. 41 heavy psychiatric care users currently hospitalized were interviewed for subjective causes of readmission. Gathered data was analysed and synthetized into readmission patterns.
Results.– Pattern 1. Refers to addicted patients and is associated with their lack of capacity to follow abstinence and post-discharge treatment recommendations. Pattern 2. The second pattern is seemingly similar to the first one, although the causes underlying are different. These patients abuse psychoactive substances to ameliorate their primary disorders' symptoms. Frequent intoxications lead inevitably to exacerbations. Pattern 3. These patients are poorly functioning and experience suicidal thoughts associated with social adaptive difficulties, often complicated by personality disorders. Pattern 4. This pattern is associated with natural unfavourable course of psychiatric illness, lack of compliance, treatment resistance or stressing life events.

Conclusions.– Our research has yielded a distinction of 4 patterns. The next phase of the project will consist of interdisciplinary consultations and development of protocols that could be applied by a "Rehospitalization Prevention Team" during inpatient and post-discharge period. In strict collaboration with environmental psychiatry this team could have a decentralized and personalised impact on the readmission rate.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0518

Winter is coming - migration among Psychiatric trainees in the North

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Background and aims.– Migration of medical professionals has a global impact on healthcare and services. Although in the Scandinavian countries there is a shortage of psychiatrists, still workforce migration is poorly understood.
This study aimed to determine, within the Scandinavian countries, the proportion of psychiatric trainees that have already moved country, the reasons for psychiatric trainees to stay and leave the country, and the influence of previous short-term mobility experiences on the attitude towards migration.
Methods.– In a multicentre, cross-sectional study (EFPT Brain Drain study), data were collected in three of the Scandinavian countries, Denmark, Finland and Sweden.
Results.– In Denmark and Finland few of the respondents were from another country compared to more than a third in the Swedish sample. Half of the trainees in the Swedish and the Danish sample had at least one experience of short time mobility while about a third of the Finnish trainees had the same experience. The main reasons to leave the country in Sweden were academic, work, and financial, whereas in Denmark were personal and academic reasons, and in Finland academic reasons.
Conclusions.– Experience of migration differs in the Scandinavian countries in this study. Compared to Finland and Denmark, more trainees from other countries have migrated to Sweden. In Denmark and Sweden more trainees have short term mobility experience.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0521

Is discrimination towards patients with severe mental disorders still present?

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Background and aims.– *Introduction*.– Experiences of discrimination are a relevant obstacle in the life of persons with severe mental disorders, who are often discriminated also by relatives, friends, employers, mental health professionals and by themselves. There is the need to better understand the most impacted areas in order to develop appropriate interventions. In this study, we aim to describe the experience of discrimination and the levels of self-stigma in a sample of patients with severe mental disorders.
Methods.– Patients attending the Outpatient Unit of the Department of Psychiatry, University of Campania "L. Vanvitelli", Naples, in the period January–June 2018, were invited to participate in the study. Validated questionnaires have been used to assess sociodemographic data, depressive symptoms, hopelessness, suicidal ideation, stigma consciousness and experience of discrimination.
Results.– Fifty patients were recruited, mainly female (54%), with a mean age of 46 (±15.1) years. Most frequent diagnoses were major depression (42%) and bipolar disorder (20%). Patients experienced discrimination in several areas, such as friendship (42%), workplace (40%) and intimate relationships (38%). Moreover, patients had disclosed their mental health problems to family members (90%) or friends (64%) only, but they felt not comfortable to talk about it (66%). Nevertheless, avoidance of social situations has been reported only by 16% of patients, and more than 70% of them was critical about most common prejudices and stereotypes.
Conclusions.– Discrimination toward persons with severe mental disorders is still present and influences mainly personal and social functioning areas. There is the need to promote interventions aiming to improve social inclusion of these patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0522

Correlates of secrecy about mental illness among people diagnosed with psychotic disorders

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Background and aims.– Mental disorders, especially psychosis, are strongly stigmatized in the society. Psychiatric patients use various coping strategies with which they try to counteract the damaging influence of the stigma. One of the most commonly used strategies is hiding the mental illness. However, there are indications that this strategy is associated with high psychological and interpersonal costs for an individual. Unfortunately, relatively little is known about which factors are related to greater secrecy about mental health problems.
The current study seeks to explore the correlates of secrecy about one's mental illness.
Methods.– A total of 100 people diagnosed with psychotic disorders have been recruited. Participants have been examined using an extensive battery of questionnaires assessing the tendency to conceal mental illness and various socio-demographic, psychosocial and clinical variables.
Results.– Preliminary results indicate that the secrecy about mental illness correlates positively with perceived stigma, anticipated discrimination, self-stigma and loneliness, and negatively with stigma resistance and the extent of social network. No significant associations were found between secrecy and experienced stigma, perceived available social support, self-esteem, self-efficacy, sense of coherence, overall psychopathology, depression and psychosocial functioning.
Conclusions.– The results show a complex pattern of relationships between secrecy about mental illness and psychosocial variables, whereas no associations with clinical indicators of the severity of

the disease have been demonstrated. Therapeutic interventions designed to assist people with psychotic disorders in their decisions to disclose their mental condition should take into account the identified correlates of secrecy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0523

Association of cognitive functions and covert brain ischemia – first results of the pure-mind Poland Cohort Study

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Background and aims.– The events of covered cerebral ischemia have been considered relevant causes shaping future cognitive impairments such as Alzheimer's disease. The aim of the study is to analyse the relationship between the history of cerebrovascular events and psychological factors including cognitive functions in the Polish cohort of the PURE-mind (Prospective Urban and Rural Epidemiological) study.
Methods.– The study group consisted of 872 subjects (mean age: 61.8 yrs range: 39–81 yrs, F/M: 549/323). All participants were assessed using international PURE-mind protocols including lifestyle questionnaires, laboratory blood tests and neuropsychological assessment measured with Montreal Cognitive Assessment (MoCA mean score: 25.8), TMT test, Digit Symbol Substitution, followed by structural brain MRI.
Results.– Previous studies in older populations have reported a significant and consistent cross-sectional association between cognitive impairment and the presence of covert infarcts. Results from present study covered the first detailed analysis and will expand the knowledge of the clinical consequence of covert ischemia also in middle-aged population, when the disease process starts. Detailed assessment of cognitive state will be correlated with imaging findings.
Conclusions.– The results of the study will be the milestone in identifying high-risk groups of dementia development in Polish society.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0525

Schizophrenia is associated with chronic kidney disease beyond demographic, medical, and behavioral risk factors: a retrospective matched cohort study

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Background and aims.– The aim of this study was to examine the association between schizophrenia and chronic kidney disease (CKD) among a large cohort of schizophrenia patients with matched-controlled participants. A secondary purpose was to assess the level of accessibility that these patients had to common treatments for CKD, as compared to the control group.
Methods.– We employed a retrospective matched-controlled cohort design which included 27,516 patients diagnosed with schizophrenia and an equal number of age and gender frequency-matched controls, using the Clalit Health Services (CHS) databases, the largest managed care organization in Israel. Diagnostic validity was highly confirmed prior to the initiation of the study. Hierarchical logistic regression models were fitted to assess the association between schizophrenia and CKD beyond demographic, behavioral, and medical risk factors. ROC curves were conducted to assess level of sensitivity and specificity of the models.
Results.– Schizophrenia was associated with CKD, after controlling for age, gender, socioeconomic status, congestive heart failure, hyperlipidemia, diabetes, hypertension, smoking, and obesity (OR = 1.75, CI 1.58–1.94, $p < .0001$). Schizophrenia patients with CKD were less likely to receive dialysis ($p = 0.06$) or kidney transplantation ($p < 0.0001$) than patients without schizophrenia.
Conclusions.– Patients with schizophrenia are more likely to have comorbid CKD, compared to healthy controls. Nonetheless, they are less likely to receive appropriate medical treatment including dialysis and kidney transplantation. As CKD affects survival, quality of life, and medical and familial burden, additional thought should be given to detection of CKD among schizophrenia patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0526

End of life care and place of death in patients with serious mental disorder: results from routinely collected data in South London

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Background and aims.– Patients with serious mental disorder have poorer access to health care than the general population. Little is known about the end of life care outcomes for this patient group. Our aim was to investigate acute health care in the last 3 months of life and place of death in patients with serious mental disorder using linked, routinely collected data.
Methods.– Data were extracted from mental health records, the South London and Maudsley (SLAM) Clinical Record Interactive Search (CRIS) database. These data were linked with Hospital Episode Statistics (HES) and mortality data. Patients were included if they had a serious mental disorder, died between 2007–2015 and had complete death registry data. Descriptive analysis assessed A&E visits, hospitalisations and place of death.
Results.– Data were analysed from 1536 patients known to SLAM mental health care services. Most patients visited A&E at least once (58.3%) and had at least one admission (58.3%) in the last 3 months of life. Furthermore, 10.6% had $\geq$3 A&E visits and 11.4% had $\geq$3 admissions in the last 3 months. Hospital was the most common place of death (48.2%) followed by home (32.2%).
Conclusions.– These preliminary results show that most patients accessed hospital services near the end of life and nearly half of all patients died in hospital. Using linked, routinely collected data is an effective way of assessing end of life care outcomes in patients with serious mental disorder. This project will explore the role of health care services at end of life for these patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0527

End of life care and place of death in adults with serious mental illness: a systematic review

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Background and aims.– People with serious mental illness (SMI) have greater mortality risk than the general population. They experience inequalities in accessing health care throughout life; it is not clear if this persists to end of life. Our aim was to systematically review the empirical evidence assessing end of life care and place of death for people with SMI.
Methods.– We conducted a systematic review, searching 5 online databases and additional sources for primary research reporting health care utilisation in the last year of life or place of death in people with SMI.
Results.– After full text screening, 18 studies were included; 10 reported health care access at end of life and 11 reported place of death. We found studies that reported hospital admissions, emergency department care, palliative care and GP visits at end of life. We found conflicting evidence for the association between SMI and end of life care, although different patient groups, settings and measures were used across studies. People with SMI were more likely to die in care homes than the general population. There were no patterns for other places of death.
Conclusions.– We found a paucity of research and there was great heterogeneity across studies, demonstrating little consensus over end of life care and place of death in people with SMI. Given that people with SMI have increased mortality risk, this gap in the knowledge around end of life care outcomes is concerning; this area of research needs further development.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0530

Epidemiologycal study: involuntary admissions in a psychitric hospitalization unit

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Background and aims.– The involuntary admissions are nowadays in a discussion, in fact, some associations work for their abolition and try to impose the patient's wish. It is said that the ratio of involuntary admissions reflect characteristics of National Health System and their lows.
Aim.– Estimate the prevalence of involuntary admissions in a Psychiatric Hospitalization Unit of the Clinical Hospital of Valladolid, just as the epidemiological and clinical variables, from January to June of 2017.
Methods.– Descriptional prospective study of patients that were involuntary admitted in a Psychiatric Hospitalization Unit.
Results.– Total admissions: 249 patients. Involuntary admissions: 61 (24,92%); 54,1% males, 45,9% females. Average: 45,30 years.
Involuntary admission cause: 37,7% psychotic symptoms, 23% civil incapacity, 21,3% agitation, 14,8% severe suicide attempt, 3,3% court order.
Type of admission: 3,2% ordinary, 96,8% emergency.
Clinical diagnosis: 62,3% psychotic disorders, 14,8% affective disorders, 23% other disorders (personality, drug abuse, anorexia). We found a significative stadistically association between the cause of involuntary admission and the clinical diagnosis ($p = 0{,}006$)
Agitation during the admission: 82% no, 18% yes. We found a significative stadistically association between agitation and the cause of involuntary admission ($p = 0{,}0058$). No association with diagnosis, sex or age.
Conclusions.– Our results showed that males and middle age were predictors of involuntary admissions. As clinical characteristics the patients presented a psychotic diagnosis and no agitation episode during their admission. From the knowledge of these sociodemographic and clinical characteristics we could do intervenvetions to prevent this kind of admissions and increase the satisfaction and empowerment of patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0531

Effect of foster care on bed utilization in a veteran population

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Background and aims.–
Introduction.– Community-based foster care for individuals with serious mental illness (SMI) originated more than 600 years ago in Geel, Belgium. Despite its durability as an alternative model of long-term support for patients, it occupies a marginal position in care planning for individuals with SMI in the United States, but the Department of Veterans Affairs has administered a foster care program for decades.
Objectives.– To examine clinical bed program utilization before and after foster home placement in a consecutive cohort of Veterans with SMI.
Methods.– All Veterans placed in a foster home between October 1, 2007 and September 30, 2013 were included. Bed days for hospital and residential treatment programs were tabulated for each subject, by bed type, during symmetric pre- and post-placement time intervals.
Results.– The sample included 140 Veterans (129 men) with median placement duration of 562 days. Post-placement psychiatric bed utilization was reduced in 97 of the 117 (82.9%) patients with psychiatric beds days during the pre-placement period, for a mean reduction of 77.5% ($p < .01$). Residential treatment program bed utilization was also reduced in all 20 patients with residential treatment bed days during the pre-placement period, with a mean 99.8% reduction ($p < .01$).
Conclusions.– Foster care is associated with significant reductions in psychiatric hospital and residential treatment program utilization, and has the potential to reduce long-term costs associated with persistent serious mental illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0532

The influence of occupational risk factors on the mental health of the chemical industry workers

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Background and aims.– Industrial factors is included in the definition of "environmental health" and could play the important role in mental health of workers. Evaluation of occupational environment in chemical industry and its influence into mental health of workers – is the arm of investigation.

Influence of combination of occupational noise and volatile solvents of organic solutions (acetone, benzene components) into workers physical and mental health were studied.
Methods.– Hygienic assessment of the main occupational factors – chemical, physical, the severity and intensity of the work processes. Mental health examination was carried out for 86 workers during periodical medical examination on the mentioned conditions. Experience in the profession, psycho-hygienic assessment of occupational factors and personality features of workers were especially take into consideration
Results.– Maximum allowable concentration (MAC) of phenol annually was exceed in 0,3–1,3 times. The rest of chemical agents were under MACs.(1). During medical examination of workers no one occupational disorder was diagnosed. Some cases of transient leukopenia were registered among workers of phenol-acetone words, which could be a marker of the toxic influence of benzene into blood system. (2). Among people with neurotic and organic psychiatry symptoms group of workers in phenol-acetone words has nonspecific mental symptoms which is not included into DSM. They depend of occupational conditions: long professional experience, general patterns of staged of mental health symptoms, common clinical signs, typical for occupational conditions.
Conclusions.– Mental health differences are specifically depended of the characteristic of working conditions, especialy among chemical industry
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0533

Improving detection and treatment of mental disorders in community settings: development, validation and evaluation of community informant detection tool in Nepal

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Background and aims.– Accurate detection of persons in need of mental health care is crucial to reduce the treatment gap between psychiatric burden and service use in low- and middle-income countries. Community case finding by lay community workers particularly in resource poor countries could be advantageous. The aim of this study was to develop, validate and evaluate the accuracy and effectiveness of a community-based proactive case-finding strategy called Community Informant Detection Tool (CIDT).
Methods.– The CIDT was developed following multiple steps including prioritization of symptoms, assessing applicability and feasibility. Validation was conducted by using Composite International Diagnostic Interview (CIDI) as a gold standard with 195 adults screened with CIDT. The CIDT was evaluated with 509 community residents identified as potentially having MNS problems through the CIDT procedure three weeks after detection.
Results.– The CIDT comprises of contextualized vignettes using local idioms of prioritized symptoms with illustrations. The CIDT has a positive predictive value of 0.64 and a negative predictive value of 0.93. The probable positive cases identified through CIDT are encouraged to visit the health facility, where diagnosis and treatment is available. Of the total 509, 67% accessed health care facility as a result of the CIDT procedure. Among the group that accessed health care, 77% were diagnosed having mental disorders and started treatment by primary health care workers
Conclusions.– The CIDT can be used by lay community members with low literacy levels. It holds potential psychometric properties to increase detection and care utilization of mental disorders in settings with limited treatment engagement
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0534

Factors predicting 30-day readmission in psychiatric patient population on an inpatient unit



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Background and aims.– Hospital readmission within 30 day is a major issue in US and as per claims data from Medicare & Medicaid, it cost us 26$ billion/annually. New York state established DSRIP to restructure the health care delivery with goal of reducing readmissions by 25% over 5 years. DSRIP uses LACE score as an assessment tool for determining the high-risk patients for emergent hospitalizations in medicine, but LACE score has limited validity to psychiatric patients. Tool developed for psychiatric hospitalization, READMIT score incorporates a weighted scale based on the factors. BLHC has developed a scale (ZAC score) that attempts to incorporate factors specific to its own patient populations.
Methods.– We scored the available tools LACE and READMIT for 170 patients, who were admitted to our inpatient units, to assess the accuracy of both measures in predicting psychiatric inpatient readmission within 30 days. The sample consisted of consecutively admitted patients to our inpatient psychiatric units at Bronx Lebanon hospital.
Results.– Our patients were primarily males (58%), more often AA (55%) and Hispanic (39%), and had a diagnosis of psychotic disorder (62%). Independent t-tests and receiver operating characteristics (ROC) analyses were differentiated in READMIT and ZAC score but not for LACE.
Conclusions.– READMIT & ZAC scores were better in predicting 30 day readmission in psychiatric setting when compared to LACE score. The variables predicting early readmission in our data set were severity of illness, non compliance and violent behavior prior to readmission. Length of hospitalization was not a predictor for 30 day readmission.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0538

The relationship between impulsivity and alexithymia among trainee doctors in Tunisia

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Background and aims.– A few studies examined the relationship between the impulsive dimension and alexithymia among young

doctors. The objectives of this study are to evaluate alexithymia in a group of trainee doctors, to study their impulsivity and determinate the link between these two entities.
Methods.– A cross-sectional descriptive and analytical study, of 50 trainee doctors practicing in HédiChaker university Hospital of Sfax. TorontoAlexithimia Scale TAS-20: to evaluate alexithymia and Barratt Impulsiveness Scale BIS-10: to study impulsivity.
Results.– The average age of young doctors was27,64 ± 1.95 years old. The Sex ratio = 0.61 (19 M/31 W)They were married in 52%. They are smokers in 14% and consume alcohol in 6%. They are practicing in "A" category services (surgical, intensive care, radiology and psychiatry services) in 74% of cases. They had Family medical antecedents in 64% of case. TAS-20:the average score was 52.02 ± 10.48 and the prevalence of alexithymia was 18%. BIS-10:average motor impulsivity score was 21.62 ± 4.09, cognitive impulsivity score was 23.92 ± 4.16 and non-planning impulsivity score was 24.06 ± 4.19. The average total score was 67.62 ± 10.37. Impulsivity is significantly associated with practicing in Category A services with ($p = 0.046$). The factors significantly correlated with alexithymia were: practicing in "A" Category services ($p = 0.04$) and impulsivity ($p < 0.00$).
Conclusions.– The results of our study join those found in other lands; they underline the link between alexithymia and impulsivity. Psychological support aimed specifically alexithymic dimension is indispensable for young doctors.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0539

Psychosocial characteristics of individuals in online psychological counseling

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Background and aims.– Online psychological counseling is gaining ground in Russia notwithstanding proven efficiency of a traditional face-to-face practice. What are the social characteristics and specificity of psychological problems in those people who turn to online help?
Objectives.– Below, you will find the results of the analysis of psychosocial characteristics of the people who were counseled by online private psychologist within a half year.
Methods.– 115 people aged 18–67 who had been counseled by online psychologist filled in a questionnaire and SCL-90-R. The obtained findings have undergone a mathematic processing based on basic statistics methods.
Results.– Prevailing were the people aged 40–55 (44.3%), females (86,1%), university graduates and undergraduates (73.9%), married (46.0%), urban residents (91.3%), people unsatisfied with their financial status (89.6%), those who experienced mental problems for a long time (70,4%), and those who considered themselves healthy (46,0%). Comparing the people with prolonged mental problems with those who turned to psychologist for personal development issues, we found that the first differ ($p < 0.001$), from the latter group by their lower level of mental health according to SCL-90-R. They have shown more evident somaticized complaints, obsessive-compulsive symptoms interpersonal sensitivity, depression, anxiety, hostility, phobias, paranoid ideation, psychoticism, and PSDI Index.
Conclusions.– Online psychological help is more often sought for by mature employable married urban females who have a university degree, but who are unsatisfied with their financial status and who have been experiencing prolonged mental problems. They do not associate psychological distress and some symptomatic disorders with their health.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Ethics and Psychiatry

E-PP0540

Euthanasia: the silent plea

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Background and aims.– Physician-assisted suicide and euthanasia (PAS-E) refer to the termination of one's suffering through painless methods, when the person so desires. Throughout the years, there has been a lot of controversy regarding this issue, as it raises major ethical questions concerning the meaning and value of human existence or in which possible circumstances can it be justifiable, if at all? It is still considered a crime in many countries. Recently, in Portugal, after extensive debate and controversy, the Government has ruled against the legalization of PAS-E. In this review, we aim to examine the literature available on PAS-E and to reflect on the impact that comes with accepting it.
Methods.– We carried out a non-systematic literature review by performing a search on MedLine for English-written articles. The query used was "euthanasia", "ethics" and "assisted" and "suicide".
Results.– Nowadays, many physicians, particularly those in the fields of oncology and palliative care, are faced with requests for assistance in dying. The majority of these requests comes from cancer patients, although the frequency is increasing in other terminal conditions. Usually these patients are suffering from unimaginable pain, are functionally very limited, albeit having intact cognition, meaning they are very aware of their demise.
Conclusions.– Although PAS-E does raise a lot of moral dilemmas, it is possible to understand the concept of wanting to die with dignity. That being said, where should people stand (mainly physicians, as it goes against their Hippocratic oath) regarding this delicate subject?
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0541

More care, less coercion: finding new ways to deal with challenges in compulsory mental care in Affektiva Psychiatry Clinic, Sweden

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Background and aims.– Compulsory treatment may be overwhelming and traumatic and may constitute an obstacle for a good and trustful long-term alliance between caregivers and patients.
Psychiatry Clinic Affektiva in Gothenburg, has been working systematically to reduce compulsory measures since 2015. By focusing on education and exploring alternative and preventive methods to handle difficult situations in inpatient care settings we aimed at an increased awareness and changed attitude in order to create a safe and secure environment in our units.
Our aim was reduce coercive measures, particularly by heighten awareness for healthcare professionals to find alternative solutions.
Methods.– Several actions have been taken to reduce the coercive measures in inpatient care:
- Case based discussions for clinicians about ethical and clinical implications of compulsory treatment

- Case based discussions on Clinic Management levelEducation in compulsory treatment across all medical groups
- Dialectical Behavioral Therapy training and tutorials
- De-escalation training (threat and violence situations)Person-centered projects in the aim of improving care and reducing compulsion
- Global trigger tool for tracking possible errors in coercive measures
- Focus on consistency in scheduling staff

Results.– As a result of the work done since 2015, forced measures has shown a trend downwards, as shown in Figure 1, until August 2018.

Variable	Model 1		Model 2		Model 3	
	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P
Age (years)	1.01 (0.98 -1.04)	0.62	1.01 (0.98 -1.04)	0.67	1.01 (0.98 -1.04)	0.68
Education level (elementary or lower secondary education/upper secondary school or university education)	**4.08 (2.05-8.20)**	**0.00**	**3.80 (1.89- 7.69)**	**0.00**	**4.35 (2.13- 8.33)**	**0.00**
Dual diagnosis (yes/not)	**3.17 (1.45-6.92)**	**0.00**	**3.18 (1.45 -6.94)**	**0.00**	**2.61 (1.17 -5.80)**	**0.02**
Pathologic gambling (yes/not)	**2.22 (1.03-4.81)**	**0.04**	**2.37 (1.09 – 5.14)**	**0.03**	**2.41 (1.10 – 5.26)**	**0.03**
Childhood maltreatment: physical abuse (yes/not)	2.05(0.85-4.92)	0.11	-	-	-	-
Childhood maltreatment: physical neglect (yes/not)	-	-	**2.32(1.03-5.21)**	**0.04**	-	-
At least one type of childhood maltreatment (yes/not)	-	-	-	-	**2.70 (1.38-5.27)**	**0.00**

Figure 1 Compulsory treatment per patient.

Conclusions.– Regular and focused education efforts have helped to raise awareness on compulsory care in all staff, and to create new models for person-centered work in order to reduce coercive measures.

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

E-PP0543

Sweet suicide: clinical case

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Background and aims.– AP is a man of 69. On august 2016 he received the diagnosis: Adenocarcinoma at 4th stadium metastasized. A month later, AP underwent a pelvic reconstruction. For six months he passed a positive period of life. Then he had a new fMRI scan which revealed the presence of new metastasis. A few days later, his insisted in his desire to put end to his life.

Methods.– The Oncological Institute of the Italian Switzerland (IOSI), where AP was admitted, supported his request, facilitating contact with Exit (private Swiss Institution for suicide assisted).

Results.– AP's mental state has remained constantly clear. AP's wife has remained close to her husband. AP quitted his life on april 2016, drinking Pentobarbital. His wife was absolutely convinced she would join her husband through her own assisted suicide. AP was able to choose assisted suicide because he demonstrated no egoistic intention, and had no other possibility of cure. What would happen to AP's wife if she were not be admitted into a program of assisted suicide? Would she kill herself?

Conclusions.– The controversy on suicide is religious, philosophical, political and historical. Although the majority of general practioners and nurses in Switzerland agree with the practice of assisted suicide in cases such as oncological or neuro-vegetative disease, opinion concerning assisted suicide in the presence of severe mental disorder switches dramatically to the opposite position. Why? We will try to discuss the implications present in the controversy between acceptation and non acceptation of sweet death in somatic and psiychiatric state.

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

E-PP0545

A retrospective study to ascertain the practice of assessment of mental capacity to consent to an admission to the adult psychiatric ward

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Background and aims.– Mental Health Professionals must act to safeguard the rights of vulnerable people and they need to ensure that any deprivation of liberty of a person who lacks capacity to consent to admission is authorised in accordance with the appropriate legal framework

Aims and objectives.– To determine whether capacity assessments were being carried out and documented when patients were admitted to the general adult acute wards in secondary care.

To determine if there is a difference in the capacity assessments documentation between patients admitted voluntarily compared with patients detained under the mental health act.

Methods.– This was a retrospective study. Data was collection using the centralised computer record system for all patients admitted to the four adult inpatients wards in secondary care in two neighbouring towns

Results.– There were 21 admissions during the study period. 43% ($n = 12$) were females and 57% ($n = 12$) were males. 86% ($n = 18$) were admitted voluntarily and 14% ($n = 3$) were admitted under the mental health act framework. The capacity to decide about the admission was assessed in 23% ($n = 5$). Out of these 4 were voluntary patients and 1 under mental health act. Therefore 22% ($n = 4$) vouluntary patients and 33% ($n = 1$) under mental health act had capacity assessment completed.

Conclusions.– This study has highlighted the need to improve the practice of assessing mental capacity for admission and to document it accordingly. The study findings were used to raise awareness and a memorandum was issued for the relevant professionals to improve the practice.

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

E-PP0546

Medical malpractice in clinical and forensic psychiatry in Poland – what we (don't) know?

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Background and aims.– Mistakes made by physicians are inevitable, which is why more and more often efforts are being made to implement appropriate monitoring and prevention systems. According to US data, a medical error can be the third cause of death after cardiovascular disease and cancer. The objective of authors was an attempt to characterize the problem of medical error in Polish psychiatry.

Methods.– (1) Analysis of interdisciplinary forensic expert opinions prepared in the Department of Forensic Medicine in Katowice in cases suspected of medical error. (2) Review of Polish literature on the issue of medical malpractice in psychiatry and available statistical data.

Results.– The most frequent situations that raise doubts among close relatives of patients and result in notifications to the prosecutor's office about the possibility of making a medical error are: suicides (in wards and after referral from the hospital emergency department), sudden deaths of patients during or shortly after the use of direct physical restraint, sudden deaths of patients with alcohol withdrawal syndromes, incorrect pharmacotherapy, wrong diagnosis of somatic states, "detoxification" with the use of psychoactive drugs at home with the subsequent death of the patient. There is no data available in the literature that would allow full characterization of the problem of medical malpractice in Polish psychiatry.
Conclusions.– Lack of a system for monitoring medical errors in psychiatry makes it impossible to take appropriate preventive actions. In this situation, an invaluable source of information are experiences of the forensic medical departments involved in preparing opinions on such cases for legal authorities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Forensic Psychiatry - Part I

E-PP0547

Impulsive aggression as a marker for antisocial personality disorder - a study in male inmates

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Background and aims.– Aggression can be conceptualized as a physical act towards another person with the intent to harm. It is a symptom of various psychiatric disorders, and a core feature In Antisocial Personality Disorder (ASPD). Aggression is highly frequent, resistant to treatment and responsible for adverse clinical and forensic outcomes. In order to improve aggression clinical management, the characterization as impulsive or premeditated aggression may be relevant. A large body of literature correlates impulsive but not premeditated aggression with biological disturbances that can be positively addressed by pharmacological treatment.
Our aims were to determine the prevalence of impulsive aggression in ASPD and its relation with specific personality traits and co-morbid psychiatric disorders.
Methods.– A sample of 96 male ASPD inmates was assessed by a battery of clinical and psychometric standardized instruments: the Mini International Neuropsychiatric Interview, the Psychopathy Checklist-Revised (PCL-R), the Addiction Severity Index – European Version, the Barratt Impulsivity Scale eleven's version (BIS-11) and the Impulsive Premeditated Aggression Scale.
Results.– Inmates with ASPD had a prevalence of impulsive aggression of 71.9%; ASPD patients with impulsive aggression and those with premeditated aggression had an equal prevalence of substance use, anxiety and depressive disorders. Patients with ASPD and impulsive aggression showed a lower PCL-R score ($p < 0.01$, CI = 3.55; 9.31).
Conclusions.– Aggression in ASPD is mainly of impulsive type. Aggression categorization in ASPD patients should be regarded with interest by clinicians, has it could guide treatment selection.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0548

Antisocial personality disorder with or without psychopathy present distinct Psychiatric co-morbidities and family history – new paths of diagnostic and therapeutic investigation?

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Background and aims.– Previous studies have emphasized ASPD and psychopathy overlap highly but differ in negative emotionality and possibly amygdala reactivity to social signals of threat and distress. The most common psychiatric comorbidities in antisocial personality disorder (ASPD) are substance use (SUD), depressive and anxiety disorders. Etiology aspects in ASPD and psychopathy include an unfavorable family context, with the frequent presence of major psychiatric disorders, alcohol and drug use disorders, and criminality in the parents. We hypothesized that ASPD and psychopathy could present distinct psychiatric co-morbidities.
Methods.– We evaluated a sample of 89 male inmates with: Mini International Neuropsychiatric Interview, Psychopathy Checklist-Revised, Addiction Severity Index – European Version (Family section).
Results.– Patients with ASPD had a higher prevalence of substance use disorders (SUD) when compared to individuals without ASPD ($p < 0.05$, OR = 2.67 CI = 1.14, 5.39). Patients with psychopathy had a higher prevalence of SUD ($p < 0.05$, OR = 2.35, CI = 1.05, 5.27) and a lower prevalence of depressive disorders ($p < 0.05$ OR = 0,37, CI = 0.10, 1.04). Patients with ASPD showed higher prevalence of family history of alcohol use disorders ($p < 0.01$, OR = 4.10 CI = 1.29, 11.34). Patients with psychopathy had a higher prevalence of family history of alcohol use disorders ($p < 0.01$, OR = 5.92 CI = 2.18, 16.11) and a higher prevalence of family history of psychiatric disorders ($p < 0.05$, OR = 3.02 CI = 1.14, 7.99).
Conclusions.– The lower prevalence of depression in psychopaths could be related to the specific emotional processing in psychopaths. Family background cloud be more disruptive in psychopaths, both through a disadvantage environment and genetic alterations. Present results recommend further research into diagnostic and therapeutic approaches.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0549

Premeditated aggression is predicted by Psychopathic traits in antisocial personality disorder male inmates

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Background and aims.– Psychopathy is related but is not equivalent to antisocial personality disorder (ASPD), a psychiatric diagnose that emphasizes individual behaviour rather than emotional dysfunction. Nevertheless, ASPD can be co-morbid with psychopathy in severe cases. One of the distinguishing characteristics of ASPD and psychopathy is the greater risk for aggression, which can be of impulsive or premeditated type. In both entities aggression is not inhibited throughout personality development, but instead there is a learning process in which aggression can be used as

preferential mechanism to deal with adverse situations or to gain personal and social advantages. Aggression represents a public health issue having a negative impact on individuals and society. We hypothesized that ASPD individuals with psychopathy cloud have a distinct impulsive/premeditated aggression prevalence compared to ASPD individuals without psychopathy, underscoring emotional dysfunction predictive value.
Methods.– We evaluated a sample of 97 ASPD patients with a battery of clinical and psychometric standardized instruments: Mini International Neuropsychiatric Interview, Psychopathy Checklist-Revised and the Impulsive Premeditated Aggression Scale.
Results.– ASDP patients with psychopathy had a higher prevalence of premeditated aggression when compared to ASPD patients without psychopathy ($p < 0.001$, OR = 5.56, CI = 2.14, 14.40). F1 interpersonal facet of PCL-R predicted premeditated aggression type ($p < 0.05$, Exp (B) = 1.42, CI = 1.03, 1.95).
Conclusions.– The type of aggression in ASPD patients can be influenced by the presence of psychopathic traits. Interpersonal facet 1 seems to be a predictive factor of premeditated aggression. The presence of emotional dysfunction can alter behavioral decisions and modify the type of aggressive behavior of ASPD patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0550

S-comt erythrocyte activity is correlated to self-control in substance use disorder patients

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Background and aims.– Substance use disorders are characterized by reward dysfunction and decision making disruption. Dopamine pathways are relevant in decision making, reward, and choice impulsivity. Dopamine metabolism in prefrontal cortex is dependent on Cathechol-O-metiltransferase. We aim to test the hypothesis that prefrontal hypodopaminergic individuals with a higher COMT activity will have higher scores on self-control first order factor of Barratt impulsivity scale – eleven version.
Methods.– We studied a sample of 134 male inmates with a battery of clinical and psychometric standardized instruments: the Mini International Neuropsychiatric Interview, Psychopathy Checklist-Revised, Addiction Severity Index - European Version, Barratt Impulsivity Scale eleven's version and the Impulsive Premeditated Aggression Scale. In a subsample of 48 individuals, we measure erythrocyte COMT activity.
Results.– S-COMT erythrocyte activity is positively correlated to self-control first order factor of BIS-11 (rho = 0.624, $p = 0.001$) in individuals with SUD. SUD's patients had higher scores in self-control factor ($p = 0.048$, CI = −0.49, −0.03), higher scores in PCL-R ($p = 0.014$, CI = -6.43, −0.75) and in F3 – antisocial facet ($p = 0.009$, CI = −2.78, −0.42)SUD's patients had a lower prevalence of violent crimes ($p = 0.005$, OR = 0.34, CI = 0.16, 0.73), a higher prevalence of ASPD ($p = 0.011$, OR = 2.67, CI = 1.23, 5.78), and an higher prevalence of psychopathy ($p = 0.035$, OR = 2.35, CI = 1.05, 5.28).
Conclusions.– SUD patients Individuals with a higher COMT activity can have a hypodopaminergic prefrontal state due to a higher COMT activity. COMT activity can be a pharmacological target in individuals with SUD. We can possibly treat SUD patients with COMT inhibitors being the rational that inhibiting COMT activity will lower choice impulsivity and improve self-control.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0551

Investigating the role of childhood victimization in criminal recidivism among a sample of male inmates: a cross-sectional study

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Background and aims.– In most countries the percentage of repeat offenders has been increasing[1]. Many factors, including family background, education, occurrence of mental illness with, especially, substance use disorder, may predict the recidivism[2]. Moreover childhood maltreatment increases the risk of repeat offence and, among specific types of victimization, neglect might be a strong predictor of recidivism[3].
To examine associations among childhood victimization and criminal recidivism.
Methods.– We enrolled 215 male inmates. Recidivism was defined as the occurrence of one or multiple new convictions for any kind of offense. So the sample was divided, according to presence of recidivism, into two groups, compared for sociodemographic and clinic characteristics. History of childhood victimization was assessed with the Childhood Trauma Questionnaire Short Form (CTQ-SF)[4]. The presence of specific trauma (emotional, physical and sexual abuse; emotional and physical neglect) was determined by meeting a threshold of moderate maltreatment severity[5].
Results.– At univariate analyses, subjects with ($n = 124$) and without recidivism ($n = 91$) exhibited a statistically significant association in the scores of physical neglet ($p = 0.00$) and abuse ($p = 0.03$). However, logistic regression analyses showed that only physical neglet was associated with recidivism (OR:2.32, 95% CI: 1.03–5.21). Moreover lower education, dual diagnosis and gambling were related to an increasing likelihood of criminal recidivism (Table 1).
Conclusions.– Childhood maltreatment is associated with recidivism. In particular, physical neglect during childhood plays a critical role in repeated crime, in relationship with mental, substance use disorders and pathologic gambling. A careful evaluation of childhood maltreatment in the assessment and treatment of criminal offenders could be needed.

Variable	Model 1		Model 2		Model 3	
	OR (95% CI)	P	OR (95% CI)	P	OR (95% CI)	P
Age (years)	1.01 (0.98 -1.04)	0.62	1.01 (0.98 -1.04)	0.67	1.01 (0.98 -1.04)	0.68
Education level (elementary or lower secondary education/upper secondary school or university education)	**4.08 (2.05-8.20)**	**0.00**	**3.80 (1.89- 7.69)**	**0.00**	**4.35 (2.13- 8.33)**	**0.00**
Dual diagnosis (yes/not)	**3.17 (1.45-6.92)**	**0.00**	**3.18 (1.45 -6.94)**	**0.00**	**2.61 (1.17 -5.80)**	**0.02**
Pathologic gambling (yes/not)	**2.22 (1.03-4.81)**	**0.04**	**2.37 (1.09 – 5.14)**	**0.03**	**2.41 (1.10 – 5.26)**	**0.03**
Childhood maltreatment: physical abuse (yes/not)	2.05(0.85-4.92)	0.11	-	-	-	-
Childhood maltreatment: physical neglect (yes/not)	-	-	**2.32(1.03-5.21)**	**0.04**	-	-
At least one type of childhood maltreatment (yes/not)	-	-	-	-	**2.70 (1.38-5.27)**	**0.00**

Table 1. factors associated with criminal recidivism: multiple logistic regression analyses

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

E-PP0553

Criminal offending among patients with bipolar disorder: a study about 117 bipolar inpatients

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Background and aims.– The relationship between criminal behavior and mental illness has always attracted research interest. However, few studies have analyzed the association between bipolar disorder and criminal offending.
The study aims to examine criminal offending in former Tunisian inpatients with bipolar disorder.
Methods.– A retrospective descriptive study of bipolar patients who have been hospitalized at least once in the psychiatric ward of the Fattouma Bourguiba Hospital in Monastir between January 2000 and December 2016.
Results.– We examined medical records of 117 patients. Mean age was 41,69 (±12,87) years. The average duration of illness was 12,56 (±11,61) years. The sample was predominantly male, single, of medium socioeconomic status and with irregular employment status. We found a problematic substance use in 18,8% and a history of criminal record in 15,4% of our patients. In addition, 53,8% have committed, at least once a lifetime, a criminal offense. Examining the 216 criminal offenses, different crimes were committed, with physical assault (33,6%), verbal assault (33,2%), damage to property (8,3%), being the most frequent. Most of criminal offenses occurred more frequently during severe manic episodes (89,25%). Justice involvement was found in 9,72% of criminal offenses with incarceration in 7,41%, criminal irresponsibility in 1,85% and guardianship in 0,46%. In our study, criminal offending was statistically associated with addictive behavior, history of a criminal conviction, dominant manic polarity, number and duration of prior hospitalizations.
Conclusions.– Identifying associated factors with criminal offending seems to be substantial to prevent violent behavior, hospitalizations and incarceration of bipolar patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0555

The relationship between emotion regulation processes and criminal antecedents in a sample of male inmates

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Background and aims.– Previous studies have identified several criminal risk factors among prisoners. Nevertheless there are still variables that were not sufficiently explored. These include emotion regulation processes, such as self-compassion, self-judgment and self-control. This study aimed to address the relationship between emotion regulation processes and criminal antecedents in a sample of inmates.
Methods.– A total of 91 male prisoners were recruited, aged between 22 and 65 years old, the mean age being 38.05 (SD = 9.93) years. For data collection, the Self-compassion Scale and the Self-Control Scale were used.
Results.– Self-compassion and self-judgment scores were similar to those found in community samples. Regarding low self-control, particularly impulsivity, results indicated that this variable seems to be present in a more pronounced way in younger subjects, lower educated and presenting an earlier start of criminal behaviour.
Conclusions.– Study limitations include the small sample size, and recruitment procedure, which may have introduced biases in the results. In addition, the absence of a social desirability measure may also be a limitation. However, the study allowed identifying variables such as impulsivity and self-judgment, which may be directly integrated in intervention programs targeting this population. A reduction in impulsivity and self-judgement may, in turn, promote a decrease in low self-control.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0560

Psychiatry of radicalization and terrorism

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Background and aims.– Mental-health professionals are in the front line for assessing and preventing radicalization and potential terrorism. Understanding the thought processes of a radicalized mind is at the forefront of prevention.
Methods.– Ethnographic research and narratives of people who are radicalized can help understand the processes behind the pathological thoughts that override moral judgment and lead to terrorist attacks.
Results.– Lack of empathy for the victims of a terrorist attack is generated by the processes of cognitive separation and paranoid generalization. During the Stage of Cognitive Separation (SCS), the radicalized person does not think of victims as individuals but as a group representing what that the terrorist hates. A physical, emotional and psychological separation between the radicalized terrorist and his or her victims reduce empathy and moral conflicts towards the own actions. During SCS, the radicalized person appears more aloof, inaccessible, and persuaded about his or her beliefs. During the following stage of Paranoid Projection (PP), the targeted victims are progressively defined by their negative attributes via cognitive distortions including absolutism and projection. During PP, a process of victimization ensues where distorted cognitive beliefs about potential victims are reinforced to reduce cognitive dissonance between moral judgment and planned actions.
Conclusions.– The current commentary highlights the role of mental-health professionals in spotting mental radicalization and in preventing that people who are potential victims of radicalization reach the final stage of a process where thoughts and actions are hard to change.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0563

Factors associated with involuntary outpatient treatment following compulsory admission

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Background and aims.– Compulsory treatment regards the legal means to impose a therapeutic plan to an individual, affected by mental illness, who does not recognize the necessity for medical intervention. According to the Portuguese Mental Health Law, an individual compulsorily admitted to acute care may be discharged in Involuntary Outpatient Treatment (IOT), if he is considered, by his psychiatrist, to be at risk of abandoning the therapeutic plan. The study aims to discern factors associated with exiting in IOT.
Methods.– We reviewed the discharge notes of all consecutive compulsorily admitted patients, from January 2011 to December 2017. After the Chi-Square test to choose significant variables, we performed a logistic regression, with backward elimination, to determine which factors were associated with a discharge in IOT. We report adjusted odds ratio with a 95% confidence interval. Statistical significance was set at $p < 0.05$.
Results.– IOT was positively associated with more than 20 days of hospitalization (OR = 1.65 [1.03, 2.64]; $p = .02$), F20 spectrum diagnosis (OR = 2.37 [1.45, 3.87]; $p < .01$), prescription of long-acting injectable (OR = 7.24 [3.44, 15,24]; $p < .01$) and anticholinergic medication (OR = 2,04 [1.09, 3.84]; $p = .03$) at discharge. Negative association was found regarding prescription of antipsychotic polypharmacy (OR = .32 [.14, .72]; $p < .01$) and antidepressants (OR = .49 [.26,.9]; $p = .02$) at discharge.
Conclusions.– Results suggest that exiting in IOT is associated with a patient suffering from a psychotic illness that no longer needs to stay in acute setting, but hasn't gained insight into his illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Forensic Psychiatry - Part II/Old Age Psychiatry - Part II

E-PP0564

The forensic mental health profile of women offenders in South Africa

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Background and aims.– There is a paucity of research on forensic mental health issues of women offenders in South Africa, especially in respect of life histories, nature of offences or the psycho-social context of offending. This study examined the psycho-social profile of women offenders referred by courts for forensic psychiatric evaluation. Socio-demographic, criminological, clinical and forensic variables were investigated.
Methods.– A retrospective record review of 173 cases from Fort England Hospital (a forensic mental health hospital, Eastern Cape, South Africa) was conducted. Chi-squared and logistic regression analyses were employed to test strengths of association and relationships between variables and offending outcomes.
Results.– Most women came from backgrounds of socio-economic adversity, with high pre-offence incidences of being victims of abuse themselves, mental ill-health and alcohol abuse. Violent offending comprised the majority of cases, with murder and aggravated assault accounting for half. Most victims of violence were known to the offender, with biological infants of the offender being particularly vulnerable. There were relatively high rates of psychotic disorders and psychiatric co-morbidity, though almost half of the women were found to be both trial competent and criminally responsible. Prior abuse of the woman offender was significantly associated with future violent offending. Homicidal offences were significantly more commonly perpetrated by women who had no psychiatric history. Children were significantly more likely to be victims of homicide by women who were both younger and not mentally ill.
Conclusions.– Gender-sensitive forensic mental health approaches should be employed in South Africa to progressively influence policy, legislative, clinical and research endeavours in this field.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0565

Analysis of forensic mental health care in the czech republic – current state and challenges

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Background and aims.– Ministry of Health and Care Services requested an Analysis of Forensic Mental Health Care in the Czech Republic (CR) necessary for transformation of psychiatric hospitals and deinstitutionalization process.
Forensic treatment (FT) in CR is provided to offenders who committed a crime in a condition of absent or diminished responsibility due to a mental disorder in outpatients or inpatient units or forensic facilities. Currently, there are 13 facilities providing specialized inpatient psychiatric treatment, substance abuse treatment and sex offender treatment programs.
Methods.– The forensic mental health care system in CR was analyzed from the year 2007 till 1.7.2018. Data were collected from 13 psychiatric hospitals and from Institute of Health Information and Statistics of CR.
Results.– Number of inpatient FT is steadily increasing, with 948 patients in the year 2018; similar incremental increase was found also within outpatient FT. Data collection system is insufficient. Problematic issue also is, that young offenders are treated with adults, special facility is absenting. In part of hospitals FT patients are treated together with other patients. Whole system is financed exclusively by health insurance.
Conclusions.– Results are discussed in context of forensic mental health care transformation. There is a need of foreclosure of forensic treatment from regular inpatient care. Transformation consists also of Forensic multidisciplinary team's establishment to prevent long-term hospitalization and systematic high-risk assessment of offenders by standardized protocol. And unified methodology of the forensic FT of children and adolescents will be provided. There is obvious need to ensure multi-source funding of FT system.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0566

Criminal thinking style among chronic hospitalized schizophrenic patients

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Background and aims.– Studies from literature show higher frequency of criminal activity among psychiatric patients compared to normal population. Authors suggested emotional recognition deficit, co morbid substance abuse and poor compliance with medication. The construct of criminal thinking style reflects a tendency to adopt a specific relevant cognitive bias. Our study aims at assessing criminal thinking style among patients with chronic schizophrenia with or without criminal record.

Methods.– Sixty male chronic schizophrenic patients were recruited from an inpatient hospital setting, thirty with criminal records and thirty without any criminal history, patients with cognitive impairment, thyroid or supra renal glands dysfunction and comorbid drug abuse were excluded. All subjects were subjected to Brief Psychiatric Rating scale BPRS, criminal thinking style was assessed using the short version of Psychological Inventory of Criminal Thinking Styles PICTS.
Results.– Higher general raw score of PICTS among schizophrenic patients without criminal records could be attributed to the fact that they were hospitalized for longer periods within a structured health care setting (table 1).

	Schizophrenic patients without criminal record	Schizophrenic patients with criminal records	
Age (yrs)	31.37 ± 7.9	42.7 ± 9.6	*p<0.001
Duration of illness (yrs)	7.82 ± 5.6	12.92 ± 8.54	*p<0.05
Brief Psychiatric Rating Scale BPRS score	43.9 ± 15.13	35.97 ± 11.77	*p<0.05
Psychological Inventory of Criminal Thinking Style PICTS	78.8 ± 18.43	62.97 ± 17,8	*p<0.01

Table 1. Results.

Conclusions.– Compliance with treatment and hospitalization settings may contribute to decrease criminal bias style of thinking among male patients with chronic schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0567

Alexithymia, impulsivity, anger in violent schizophrenic patients instituzionalized in an italian forensic psychiatric hospital: a cross sectional study

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Background and aims.– Understanding psychopathological mechanisms underlying violence is essential to prevent relapses. Alexithymia, impulsivity and anger are only some of the possible factors causing aggression. Schizophrenic patients with violence history have over threshold STAXI-2 scores, showing how anger could predict aggression. Emotion disregulation can be a mediator between alexithymia and aggression, but there is no evidence about impulsivity.
The purpose of this study (conducted in Barcellona PG forensic hospital before its disclosure) is to evaluate interactions between alexithymia, impulsivity, anger and their influence on specific crimes in a group of violent schizophrenic patients.
Methods.– 53 schizophrenic subjects with crimes Vs. person/property were recruited and evaluated with TAS-20, BIS-11, STAXI-2. Exclusion criteria: intellectual disability. Statistical analysis: χ^2 test (non-continuous variables); t-test and post-hoc ANOVA (continuous variables).
Results.– 53 subjects, mean age: 40,2. 15 (28%) patients committed aggression/attempted homicide/sexual violence. 10 (19%) homicide/massacre. 11 (21%) persecutory acts/resisting arrest/extortion/illicit gun possession. 6 (11%) theft. 10 (19%) family maltreatment. 24 (45%) $\geq$ 59 (BIS-11+); 9 (15%) STAXI-2 over 75° percentile (STAXI-2+) (7 with Anger Expression Index over 75° percentile). TAS-20 mean score: 55. BIS-11 mean score: 58. STAXI-2 Anger Expression Index mean score: 59.
Neither significant correlation (t-test) between TAS-20+ and BIS-11+, nor between TAS-20+ and STAXI-2+, nor between crimes and TAS-20+, STAXI-2+, BIS-11+.
With BIS-11+ as mediator, TAS-20+ and STAXI-2+ association was statistically significant for the variables T/A (trait anger) ($p = 0{,}037$), T/TA (trait temperament anger) ($p = 0{,}011$), Anger Expression Index ($p = 0{,}025$)
Conclusions.– Alexithymia and impulsivity influence anger construct. With impulsivity as a mediator, alexithymia and trait/internalizing anger show their significant correlation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0568

Structured violence risk assessment in youth

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Background and aims.– Ministry of Health and Care Services requested an Analysis of Forensic Mental Health Care in the Czech Republic (CR) considering an increase of hyped serious violent crimes. A new forensic team was established to create a procedure of a structured violence risk assessment focusing on juveniles.
There is no diagnostic tool for the violence risk assessment in youth in CR standardized to identify juveniles who are at high risk of committing a violent crime, while we know, that preventive approach today prevails.
Methods.– Literature review was performed and the scale for violence risk assessment in youth SAVRY was chosen for standardization based on comparison of the effectiveness of particular tools. Thirty juvenile participants were recruited from psychiatry inpatient clinic and tested by SAVRY, a scale of aggression SADDS, personality questionnaire HSPQ and a Conners scale.
Results.– Preliminary results show, that SAVRY is valid and reliable tool for the violence risk assessment in youth in CR. We show results of this pilot study, as well as results from a recently conducted survey into the clinical value and applicability of the SAVRY.
Conclusions.– In conclusion, this project will contribute to the enrichment of the list of effective tools that can lead to a reduction of violence in CR and to the implementation of the first diagnostic tool for assessing the risk of violence amongst juvenile. This tool that contributes to the implementation of the risk-need responsivity model in the Czech Republic.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0569

Profile of the victims of sexual offense in Bulgaria

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Background and aims.– Victims of sexual offense represent an exceptionally heterogeneous group.
The aim of our study was to evaluate the influence of specific socio-demographic factors among victims of sexual offense.
Methods.– The subjects of the study were 87 victims of sexual offense, who were testified by expert psychiatrist in the period from December 2010 until December 2016. We used patients' records, providing information about different socio-demographic factors. Retrospective research was conducted of the available medical documentation.
Results.– Women (89,7%) are more often victims of sexual offense than men (10,3%). The highest percentage of victims are from the age groups between 11–15 years old (52,9%). 59.8% of the victims live in a city. We did not find statistically significant differences according to the level of education and ethnicity. Statistically significant greater proportion of the victims are mentally healthy (87.3%). 35.6% of victims have an acute stress reaction after the rape.
Conclusions.– According to our study, girls aged between 11–15 years old, who are mentally healthy, are more likely to became victims of sexual offense.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0570

Exploring the relationship between pension income and sense of shame amongst elderly individuals

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Background and aims.– *Background*: There are relatively limited studies exploring the relationship between elderly individuals' pension income and their sense of inferiority in countries with economic hardship or financial crisis. In specific, the characteristics of shame in elderly individuals is not usually taken into account and related to financial hardship or economic crisis.
Aim: This study aimed at identifying the relationship between elderly individuals' pension income, and the sense of external and internal shame of pensioners.
Methods.– The total sample included 476 pensioners with a mean age 70.11 (SD = 14.22). The participants in the study completed a) the Other As Shamer Scale-OAS, b) the Experience of Shame Scale-ESS, and c) questionnaire on socio-demographic information and individuals' monthly pension income.
Results.– Multivariate analysis was applied for analysing the data. The results identified that elderly individuals with low monthly incomes have the highest level feeling of inferior (OAS) (7,04), total external shame (OAS) (19,74), feeling of emptiness (OAS) (4,15), and mistakes (OAS) (7,43).
Conclusions.– It could be argued that the results of this study, despite of the reasonable limitations, leads to a redefinition of views about the impact of personal salary and pension on the sense of external and internal shame.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0571

Improving psychiatry prescriptions among elderly patients: benefits of reducing potentially inappropriate psychiatric prescriptions

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Background and aims.– Although potentially inappropriate psychiatric prescription (PIPP) is associated with risk of harm due to adverse effects, it is frequently prescribed for elderly patients. The aim was to determine the prevalence of PIPP and to evaluate the efficacy of reducing this PIPP in elderly patients.
Methods.– Patients of 65 or more years old with at least 1 psychiatric prescription were recruited from a Mental Health service. A psychogeriatric interview was performed including CGI, Yesavage, GAI, 2014 STOPP/START criteria and UKU side effects. Patients that fulfilled one STOPP/START criteria for psychiatric medications were offered a prescription adjustment and followed-up for 3 months. Differences were evaluated with Mann-Whitney's U and the Wilcoxon signed-rank test.
Results.– 72 subjets (55 females) were included. Mean age was 74.68 years, 51.4% were independent. 62.5% subjects met at least 1 STOPP or START criterium (most frequent STOPP: use of benzodiazepine, START: SSRI for anxiety). 9 adjustments were not performed due to medical or patient criteria. 8 patients returned to the previous medication. After the adjustment, patients improved significantly in psychic ($z = -4.366$; $p < 0.001$), neurological ($z = -2.762$; $p = 0.006$), autonomic ($z = -2.079$; $p = 0.039$) and other side effects ($z = -3.027$, $p = 0.002$), Yesavage depression score ($z = -2.870$; $p = 0.004$) and GAI score ($z = -2.660$; $p = 0.008$). 52.3% experienced an improvement in the CGI score, 41.2% did not changed and only 2 subjects worsened.
Conclusions.– A high percentage of elderly patients are receiving PIPPs. Application of standardized criteria and revision of prescriptions in elderly psychiatric patients may help to reduce risk of side effects and to improve psychiatric outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0572

Accuracy of neuropsychological tests for diagnosis of major neurocognitive disorder in elderly with low education levels

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Background and aims.–

Background.– Cognitive assessments are essential for the diagnosis of neurocognitive disorders (NCD). Performance in standardized cognitive tests is influenced by schooling. Most neuropsychological tests have been developed for populations with good reading and writing performance.
Aims.– To evaluate the diagnostic accuracy of neuropsychological tests for NCD in low schooling (1-4 years of study) and illiterate elderly.
Methods.– The study was conducted in Brazil in 213 elderly living in a primary care unit catchment area between March 2016 and February 2017. The following tests were applied: Brief Cognitive Screening Battery (BCSB), Consortium to Establish a Registry for Alzheimer's disease (CERAD), Forward and Backward Digit Span, Subtest abstraction of Cambridge Cognitive Examination (CAM-COG), and Mini-mental State Examination (MMSE). The diagnosis of NCD was made based on a psychiatric evaluation based on the criteria of the DSM-5. The area under the ROC curve (AUC) and the best cutoff point were calculated for each cognitive test for the illiterate groups and low schooling.
Results.– In the illiterates, the largest AUC was MMSE (0.81) with sensitivity and specificity values of 72.7% and 79.6% for the cutoff point of 17. In the low schooling, the AUC of the MEEM remained the largest (0.89) with sensitivity and specificity values of 100% and 63% for the cutoff point of 23. All neuropsychological tests had lower psychometric qualities in the illiterate group compared to low schooling group.
Conclusions.– Neuropsychological tests present adequate psychometric qualities for populations with low schooling level. This research is supported by FAPESP (process 2015/16412-1).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Genetics & Molecular Neurobiology/Neuroscience in Psychiatry

E-PP0573

Toxicological and pathophysiological influence of lead and protective physiological power of glutathione through the concentration of malondialdehyde in the brain of rats

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Background and aims.– Lead contamination sources are products of combustion in metallurgy and chemical industry, traffic, industrial wastewater and landfills. Professionally, workers in smelters and foundries, paint industry, ceramic industry, batteries and accumulators factories and factories of weapons and ammunition are most exposed to lead. Every year, the industry produces about 2.5 million tons of lead worldwide.
To examine the effect of chronic intoxication with heavy metals, lead (Pb) and the protective role of glutathione supplementation (GSH) through the value of the secondary lipid peroxidation product, malondialdehyde (MDA) in brain homogenate of Wistar albino rats.
Methods.– Monitoring of lipid peroxidation intensity was performed by measuring the value of malondialdehyde in brain tissue homogenates, spectrophotometrically.
Results.– Increased MDA values, such as the biochemical marker of oxidative damage to cell membranes, indicate an enhanced lipid peroxidation process present in brain tissue homogenates due to chronic Pb intoxication (from $1{,}01 \pm 0{,}10$ to $2{,}72 \pm 0{,}35$). Reduction of MDA concentration in cases where experimental animals received supplements glutathione (from $2{,}72 \pm 0{,}35$ to $2{,}29 \pm 0{,}18$).
Conclusions.– Lead has a pronounced affinity for thiol groups which form a stable mercaptides and thus inactivates systems in natural conditions. Added GSH supplements reduce its negative effects and thus it is a desirable supplement and antioxidant in the detoxification of reactive oxygen species in rats that were subjected to lead poisoning.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0575

Catatonia and neuroleptic malignant syndrome: independent entities or two disorders of the same spectrum?

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Background and aims.– Catatonia and neuroleptic malignant syndrome (NMS) are both conditions that can compromise survival. Several authors hypothesize these two conditions have a common pathophysiological process. We aim to review the available data concerning the link between NMS and catatonia.
Methods.– We conducted a Pubmed research to identify relevant articles published up to September 2018.
Results.– Some studies identified signs and symptoms with discriminatory power to differentiate these two entities. However, many of these signs frequently appear in both conditions, which limits their usefulness. Many researchers argue that NMS and catatonia are two conditions on the same spectrum, and there are several hypotheses concerning the nature of their link: NMS is an iatrogenic form of catatonia; catatonia is a risk factor for NMS; NMS is a heterogeneous syndrome including both catatonic and noncatatonic symptoms due to antipsychotics. It has been speculated that the use of antipsychotics intensifies the hypodopaminergic state associated with catatonia. On the other hand, based on clinical and pathophysiological differences, other authors claim NMS and catatonia are two different syndromes. Some researchers hypothesized that NMS is a "motor syndrome" related to antipsychotic blockade of subcortical striatal D2 receptors and catatonia is a "psychomotor syndrome" that results from a cortical GABAergic dysfunction.
Conclusions.– There is no consensus to enable an answer to whether catatonia and MNS are two disorders on the same spectrum or different entities. Clinical signs cannot assure an unmistakable distinction and it will be necessary studies to clarify if there is a linkage and to identify possible neurobiological markers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0577

Neurobehavioural effects of acute and repeated administrations of sub-psychotomimetic dose of ketamine in mice

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Background and aims.– Innovations, legal and financial challenges currently facing the discovery and development of new therapeutic agents have necessitated the need for the adoption of the concept of 'drug re-positioning'. Recent studies have shown

that sub-anaesthetic doses of ketamine may induce analgesia, but its psychotomimetic side effects have called for caution. This study therefore, explored a possible sub-psychotomimetic dose of ketamine (SPDK) and assessed the neurobehavioural effects of its acute and repeated administrations in mice.
Methods.– Mice of either sex weighing 18–25 g were randomly selected into two major groups: A and B. Group A were distributed into seven sub-groups ($n = 12$) and assessed for stereotyped horizontal locomotion using the open field test while Group B were allotted into two sub-groups: I and II, and used in the assessment of neurobehavioral effects of acute and repeated administrations of SPDK using elevated plus-maze (EPM) and Y-maze respectively. Data were presented as Mean ± SEM and analyzed using ANOVA followed by Student-Newman-Keuls test with $p < 0.05$.
Results.– It was shown that 1 mg/kg ketamine is devoid of psychotomimetic side effects, thus chosen as a SPDK. Acute administration of SPDK did not significantly impair memory of mice in both EPM and Y-maze models whereas, its repeated administrations showed comparable results to the group administered scopolamine, thus suggesting that the memory impairment induced by ketamine is time and dose-dependent.
Conclusions.– Ketamine 1 mg/kg is devoid of psychotomimetic side effects and that its acute but not repeated administrations did not impair memory function in mice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0580

Mild cognitive impairment in patients with epilepsy

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Background and aims.– The most common clinical manifestations of psychiatric disorders with epilepsy are depressive, anxiety, cognitive impairment and psychotic disorders. Cognitive impairments of varying degrees have a significant effect on the functioning of patients, their socialization, and the level of disability. The study and correction of cognitive impairment at the add-on stage has a significant prophylactic value.
Methods.– We studied the features of clinical and psychopathological manifestations in patients suffering from epilepsy and having cognitive impairment of mild to moderate severity. The study was attended by 52 patients (23 men and 29 women) who were inpatient or outpatient care. The following psychodiagnostic techniques were used: the test of 10 words of Luria, the MOCA test, the Münsterberg test, the quality of life scale, the Thomas test, the Hamilton scale of depression and anxiety.
Results.– As a result of the study, decreased memory and attention was observed in all patients, 41% of the subjects showed symptoms of anxiety and depression, a considerable part of patients - 65% - unexpectedly highly subjectively estimated the quality of life, with signs of cognitive decline and objectively lowered levels of functioning. All patients showed an interest in further non-pharmacological rehabilitation methods.
Conclusions.– The results of the conducted research indicate the need for further study of the features of nonemetrical cognitive disorders in epilepsy and the development and implementation of training aimed at improving cognitive function and preventing the progression of cognitive impairment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0581

The role of CADM2 RS9841829 in academic performance

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Background and aims.–
Introduction.– CADM2 (synaptic cell adhesion molecule 2) gene on chromosome 3 was found to play a part in information processing speed. Due to the involvement in executive functioning, polymorphisms in CADM2 influence academic performance. So far, the G allele of rs9841829 was correlated with alcohol dependence and risk-taking behavior.
Objectives.– To assess the role of rs9841829 in educational achievement.
Methods.– 201 subjects, divided in 3 gender-matched groups (primary school-no degree, high-school and university degrees) were included in the study, 159 patients admitted for alcohol use disorder and major depression disorder to the Psychiatry Department of the Cluj County Emergency Hospital, Romania and 42 medical students at the University of Medicine and Pharmacy in Cluj-Napoca, Romania. All patients signed an informed consent form. A TaqMan genotyping assay was used for genotyping through real time PCR. We assessed both the dominant and the recessive transmission models.
Results.– Regarding the recessive transmission model, there was a significant statistical difference in the frequency of the G allele of the rs9841829 between the no degree and the university degree groups (OR = 2.31, $p = 0.03$, CI = 1.13–4.63). We did not find significant statistical differences neither between the no degree group and the high-school degree group (OR = 1.92, $p = 0.1$ CI = 0.93–3.87) nor between the high-school and the university degree groups (OR = 0.83, $p = 0.72$, CI = 0.42–1.61).
Conclusions.– Academic performance is a complex trait, influenced by multiple genetic and environmental factors. The present study found a possible association between the G allele of the rs8941829 polymorphism of the CADM2 gene and difficulties in obtaining a higher education.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0582

No association between RS1260326 and depression

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Background and aims.–
Introduction.– The single-nucleotide polymorphism rs1260326 of the glucokinase regulator gene (GCKR) on chromosome 2 was linked to numerous metabolic markers including C-reactive protein (CRP) levels as well as several psychiatric conditions such as alcohol dependence and bipolar disorder. High levels of CRP and inflammation were correlated with depression.
Objectives.– To assess the association between rs1260326 and major depressive disorder.
Methods.– We included 188 patients admitted to the Psychiatry Department of Cluj County Emergency Hospital, Romania dur-

ing May 2017–May 2018 with a diagnosis of a major depressive episode or alcohol use disorder (AUD). The patients were divided in 2 equal age, gender-matched groups (I-depression, II-AUD without depression, 94 subjects each, 74.4% male, with an average age of 51.9 years). The affective symptoms were assessed with the Hamilton Depression Rating Scale, 8 points being the threshold for depression. Real time PCR with a TaqMan genotyping assay was performed. We used Fisher exact test with GraphPad to evaluate the dominant and recessive transmission models. All the patients agreed to sign the consent form and the study was approved by the Ethics Committee of the University of Medicine and Pharmacy in Cluj-Napoca.
Results.– Genotype frequencies in both groups were in agreement with Hardy–Weinberg equilibrium. We did not find significant statistical differences in the frequency of rs1260326 neither for the dominant (OR = 0.94, $p = 0.99$, CI = 0.48–1.84) nor for the recessive model of transmission (OR = 0.85, $p = 0.84$, CI = 0.4–1.91).
Conclusions.– In the present study there was no association between rs1260326 and depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0583

GRIN2B gene polymorphism in chronic ketamine users

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Background and aims.– Introduction: Increasing evidence indicates that the glutamatergic system, particularly the *N*-methyl-D-aspartate (NMDA) receptor, has played an important role in the rewarding effects of addictive drugs, and genetic polymorphisms in GRIN2B being associated with schizophrenia. Whether GRIN2B gene plays a role in vulnerability in ketamine use is unexplored.
Objective.– Examined the allelic variants of the NMDA Receptor 2B (GRIN2B) in chronic ketamine users, analysed the association between GRIN2B gene polymorphism and ketamine use conditions.
Methods.– Four single nucleotide polymorphisms (SNPs) of GRIN2B, rs890, rs1806201, rs7301328 and rs1805502 were examined in 151 male chronic ketamine users and 80 control subjects using a real-time PCR with the TaqMan® assay system. Clinical symptoms in ketamine users were evaluated with the Positive and Negative Syndrome Scale (PANSS), Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI).
Results.– The genotype distribution of rs1806201 had significant difference between ketamine users and control subjects ($p = 0.024$), and the T allele frequency in ketamine users was higher than that in the control subjects ($p = 0.043$, OR = 1.489, 95%CI = 1.013∼2.189). Ketamine users of genotype TT and CC of rs1806201 had earlier onset of ketamine use than subjects of genotype TC ($p < 0.05$). The dose of ketamine consumption per day of use was higher in rs7301328 genotype GG than in those with CG in ketamine users ($p = 0.026$). The positive symptom score of PANSS was lower in rs890 genotype AA than in those with genotype AC in ketamine users ($p = 0.047$).
Conclusions.– Our results suggest that GRIN2B gene polymorphism may play a role in vulnerability in ketamine use.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0584

How to explore unconcious decision-making in schizophrenia? Reinforcement learning, mathematical computational models and artificial neural networks are joining the game

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Background and aims.– Artificial neural networks are used in the field of psychiatry due to capacity of capturing disruptions in neural circuits among patients in comparison to healthy controls.
Aims of this study were: (1) to create artificial neural network model that simulates the process of reinforcement learning; (2) to find the most suitable mathematical model reflecting process of reinforcement learning in schizophrenia patients and healthy; (3) to investigate differences in genotype distribution dopaminergic neurotransmission in both groups
Methods.– We established artificial neural network model of interaction between 7 regions of the brain with suitable algorithms. We used Probabilistic Selection Task to test reinforcement learning. General cognitive functioning was assessed by test (RBANS). We performed analysis of polymorphisms in genes related to reinforcement learning.
Results.– Schizophrenia patients performed worse than healthy control in cognitive test (RBANS). Neural network model confirmed the importance of subcortical structures during reinforcement learning. Two mathematical models -C-learning and Rescola-Wagner–were best fitted to individual learning preferences. Schizophrenia patients performance differed from the control: test-faze response of schizophrenia patients did not diverge from random, as if learning in the pre-test phase had not taken place. Differences in distribution of DRD2 gene polymorphism between two groups were revealed, it confirms role of dopamine levels in cognitive performance. Moreover, we report that polymorphism in DARP32 gene modulates value of instruction during reinforcement learning from positive stimuli.
Conclusions.– Differences in performance in reinforcement learning between schizophrenia patients and healthy controls partially can be contributed to the genetic polymorphism in dopaminergic neurotransmission.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0585

Genetic background of confirmation bias and reinforcement learning in schizophrenia

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Background and aims.– Human learn directly through environmental experience and indirectly through rules and instructions. Behavioral research has shown that instructions control choices that often lead to a confirmation bias. Thus, people behave in accor-

dance with contingencies, as they are described, rather than as they are actually experienced.
Our aims were to create a computational model accounting for behavioral data of Instructional Probabilistic Selection (IPS) task and to investigate differences in genetic polymorphisms related to dopaminergic neurotransmission that influence reinforcement learning.
Methods.– We tested 60 patients with schizophrenia and 67 healthy controls with IPS task. In this task, participants select between probabilistically reinforced stimuli, while being (incorrectly) told that a specific stimulus has the highest (or lowest) reinforcement probability. We created a computational Instructed Learning Model that has two confirmation bias parameters that reflect the influence of top-down projections from prefrontal cortex to striatum making the influence of instructed stimulus either stronger (αIA) or weaker (αID). We fitted behavioral data to the model for all participants. We assessed genetic variants affecting prefrontal (COMTrs4680) and striatal dopaminergic neurotransmission (DRD2rs6277, DARP32rs907094).
Results.– We revealed that DARP32 gene polymorphism modulates the significance of instructions in accordance to positive feedback (αIA) among schizophrenia patients ($p = 0.015$) and among healthy controls ($p = 0.045$). There were no significant influences in polymorphism of DRD2 nor COMT on either confirmation bias parameters ($p > 0.05$).
Conclusions.– The extent to which individual's learning from gains is altered due to instructions is modulated by DARP32 gene polymorphism that influences D1 receptor function in striatum.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0588

An effect of znf804a and obstetrical complications on the severity of symptoms in schizophrenia

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Background and aims.– It is generally accepted that schizophrenia is caused by the interplay between genetic and environmental factors. However effects of gene X environment (G x E) interactions on course and outcome of the disease have not been studied so far. To explore for the first time G x E interactions on clinical characteristics of schizophrenia, we studied the ZNF804A polymorphism rs1344706 (A/G), a genome-wide supported risk variant of psychosis, and obstetrical complications (OC), a risk-modifying factor for psychiatric disorders.
Methods.– The sample included 369 patients with schizophrenia (203 women, mean age 29.7 ± 10, age at disease onset 21.6 ± 7.3). Of them, 111 patients had a history of at least one definite OC. Clinical characteristics, including age at disease onset and symptom severity assessed with the PANSS, were compared by ZNF804A genotype in the groups with- and without OC.
Results.– Patients with the risk genotype AA and OC had higher scores on the subscale of general psychopathological symptoms compared to the carriers of the CC genotype without OC ($p = 0.007$).
Conclusions.– The results demonstrated the additive effect of ZNF804A rs1344706 and OC on symptom severity in schizophrenia.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0589

The interaction effect of crp polymorphism and season of birth on the age at disease onset in patients with schizophrenia

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Background and aims.– There is a substantial body of literature demonstrating that winter season of birth (SOB) increases the risk of schizophrenia (SZ). It has been also shown that winter SOB impacts the level of inflammatory mediators. C-reactive protein (CRP), a commonly used biomarker of systemic inflammation, associates with SZ and disease course. The aim was to examine if the CRP polymorphism rs2794521 (-717A>G) and winter SOB confer the risk of SZ or contribute to the severity of SZ course.
Methods.– We studied 2418 patients with ICD-10 diagnosis of schizophrenia and 1208 healthy controls (678 and 324, respectively, were born in winter). PANSS was used to measure symptom severity. CRP genotypes were determined in 727 patients and 476 controls.
Results.– Both SOB and CRP polymorphism were not associated with SZ. There was no SOB X CRP interaction effect on the risk of schizophrenia though the higher frequency of GG genotype was observed in winter SOB compared to other seasons ($p = 0.08$) in the patient group. The ANCOVA with age and sex of patients as covariates revealed no effect of genotype or SOB on SZ course. There was the SOB X CRP effect on the age-at-onset ($p = 0.009$). Post hoc analysis showed that in patients born in winter, mean age at onset was younger for the GG genotype compared to the AA genotype ($p = 0.02$).
Conclusions.– This finding corroborates with our previous results that GG genotype was associated with higher schizotypal traits in the general population (Alfimova et al., 2017). This work was supported by RFBR grant N 17-29-02088.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0590

DNA methylation of re-1silencing transcription factor in late-onset Alzheimer's disease patients

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Background and aims.– Late-Onset Alzheimer's disease is the most frequent cause of dementia in elderly adults, however, the determining factors for its beginning are still unclear. The RE-1 silencing transcription factor (REST) has been described as a gene whose activation and expression in elderly could be determinant for neuroprotection process and good management of the amyloidogenic pathway. The objective was to analyze the methylation patterns of a minimal promoter region of REST gene in a group of 21 subjects diagnosed with late-onset Alzheimer's disease (LOAD) and a control group conformed by 20 elderly people cognitively healthy (EPCH).
Methods.– Bisulfite treatment of isolated genomic DNA was made and through pyrosequencing, the differences between methylation patterns were established. The gene expression of this transcription

factor in peripheral blood mononuclear cells were determined by real-time PCR.
Results.– The group of patients with LOAD presented a general pattern of hypermethylation of the studied sequence in coordination with hypomethylation of a specific CpG dinucleotide (3-CpG), while the EPCH group showed global hypomethylation with hypermethylation of the 3-CpG dinucleotide. Relative gene expression was significantly lower in patients with Alzheimer's disease than in those who were cognitively healthy ($p = 0.001$).
Conclusions.– The epigenetic regulation of REST transcription is coordinated by methylation and demethylation of specific sites in the sequence, causing the lack of expression of this factor in patients with LOAD. In cognitively healthy patients, specific regulation of the promoter REST region methylation promotes its expression and neuroprotective effect.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0596

Genetic interaction between neuronal nitric oxide synthase and serotonin transporter on prepulse inhibition in humans

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Background and aims.– Prepulse inhibition (PPI) is a reduction of the startle reflex to a loud sound when it is preceded by a weaker non-startling stimulus. PPI is an operational measure of sensorimotor gating, an important endophenotype of neuropsychiatric disorders. Serotoninergic neurotransmission plays a role in the pathogenesis of mental illnesses. Serotonin transporter (5-HTT) is a membrane transporter protein responsible for the reuptake of serotonin and its genetic variability is linked with susceptibility to several mental disorders. One well known polymorphic locus in the 5-HTT gene is a tandem repeat in the promoter region (5-HTTLPR-VNTR), which affects the transporter's activity. We have previously demonstrated that PPI is associated with a polymorphism (Ex1f-VNTR) in the neuronal nitric oxide synthase (NOS1), an enzyme catalyzing the production of nitric oxide (NO). Since NO is involved in the regulation of 5-HTT, we explored combined genetic effects of NOS1-Ex1f-VNTR and 5-HTTLPR-VNTR on PPI.
Methods.– PPI of the acoustic startle reflex as well as the genotype of NOS1-Ex1f-VNTR and 5-HTTLPR-VNTR were assessed in 256 healthy adults.
Results.– We found a statistically significant ($p < .05$) interaction between NOS1-Ex1f-VNTR and 5-HTTLPR-VNTR on PPI. Statistically significant was also a main effect of NOS1-Ex1f-VNTR, but not 5-HTTLPR-VNTR.
Conclusions.– These findings suggest that NOS1 and 5-HTT are involved in the regulation of sensorimotor gating. The interplay between nitrergic and serotoninergic signaling pathways may thus be of importance in the mental disorders characterized by gating deficit, such as schizophrenia or obsessive-compulsive disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0600

Biomarkers of psychomotor events in schizophrenia spectrum disorders

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Background and aims.– The change in the number of copies (CNV) of genes in schizophrenia has been extensively studied by psychiatrists and molecular biologists in the world. The aim of the study - a typological differentiation of disorders depending on the severity of psychomotor disorders and the search for molecular correlations by the liquid biopsy method.
Methods.– 100 patients from the Psychiatric Clinical Hospital 1 n. a. N. A. Alekseev, from which 54 patients with paranoid psychosis and 46 observations with catatonic symptoms in exacerbation phase of psychosis. A control group included 80 healthy people.
Schizophrenic patient's blood samples and healthy controls to determine CNV ribosomal DNA and free circulation of DNA from blood plasma.
The degree of symptoms was assessed by international psychometric scales - PANSS, SAS, NGS-A, BFCRS. To determine the level of biomarkers in the blood plasma, we used the methods of phenol extraction and non-radioactive hybridization.
Results.– In the catatonia group there were six times more points compared to the paranoid group in accordance with BFCRS 24.4 vs. 3.8 ($p < 0{,}01$) There are more copies of ribosomal DNA in the genomes of the schizophrenia group than in the control group. Cell-free circulating DNA increases significantly in the schizophrenia group during an exacerbation, compared with health controls. The accumulation of rDNA in cell-free DNA increases significantly in the catatonic group compared with the health control.
Conclusions.– During our research, we obtained unique data that could help understand the etiopathogenesis in case of disorders of the schizophrenia spectrum.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0601

Pharmacogenetic testing of MDR1 (C3435T) and cytochromes as a tool to increase efficacy of treatment with antipsychotics

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Background and aims.– Treatment resistance (TR) to antipsychotics and antidepressants is the main reason of increased cost of treatment and poor patient compliance. Therapeutical effect of a drug depends on drug concentration in blood and brain. Main contributing factors affection drug concentration in blood and brain are activity of cytochrome system and p-glycoprotein (p-gp). One of the possible reasons of TR is genetically determined activity of those systems.

The goal of the study was to evaluate genotype of the main proteins affecting pharmacokinetics of antipsychotics: MDR1 (C3435T), CYP2D6, CYP1A2, and CYP2C19 genotypes in patients with poor response to the treatment with antipsychotics.
Methods.– 33 patients with TR underwent pharmacogenetic testing of MDR1 (C3435T), CYP2D6, CYP1A2, and CYP2C19 performed in medical laboratory MedLab. χ^2 was used for statistical analysis.
Results.– Frequency of T/T homozygotes of MDR1 (C3435T) allele, coding synthesis of inactive p-gp, in TR patients was 68% to compare to 30% occurred in Russian ethnic group ($p = 0.0001$, $\chi^2 = 11.58$). CYP1A2 *1A/*1A genotype found in 53% of TR patients as opposed to 17% in Russian ethnic group ($p = 0.0001$, $\chi^2 = 20{,}86$). No statistically significant changes in CYP2D6 and CYP2C19 were found.
Conclusions.– Decreased activity of p-gp coded by MDR1 (C3435T) allele gene can be one of the contributing factors affecting unsuccessful treatment with antipsychotics. Further investigation of CYP1A2, and CYP2C19, CYP2D6 genotypes frequency should be performed to define their role in TR to antipsychotics Pharmacogenetic testing implementation in psychiatry can be useful tool to increase efficacy of treatment with antipsychotics.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Guidelines - Guidance/Intellectual Disability

E-PP0603

The particularities of treatment of the psychotic episodes in patients with autism spectrum disorders in national clinical guidelines

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Background and aims.–
Introduction.– It is well known that pharmacological interventions are not recommended for the routine treatment of behavioural problems in children and youth with behavioural disorders, oppositional defiant disorder and autism spectrum disorders. The world psychiatric community has established that psychosocial interventions shall be first-line interventions in case of behavioural changes in people with ASD. At the same time, if psychosocial interventions are not sufficient or are not a solution in case of serious states in ASD, psychotropic drugs are recommended. The article describes the particularities of the use of neuroleptics in patients with TSA.
Goal.– The goal of the research is to develop strategy of treatment for ASD patients during the psychotic episodes.
Methods.– We have studied the strategy of treatment for ASD, using Pubmed, NICE, Medscape until 2018. Based on the systematic reviews, we summarized the authors' conclusions drawn up based on the neuroleptic treatment of patients with ASD.
Results.– Psychosocial interventions shall be first-line interventions in ASD, but neuroleptics or a combination therapy may be used in case of changes in the mental state of children, adolescents and adults with ASD. It is recommended to give priority to risperidone, and aripiprazole is considered as the second-line drug. The neuroleptic drug shall be prescribed in a minimum tolerated dose, with a slow titration until a clinical effect is reached and the treatment should not exceed 6 weeks.
Conclusions.– Evidences were adjusted to national context and according the results we elaborated the first national clinical guidelines about treatment of children and adult with ASD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0604

Sex differences in the therapeutic response and side effects of antipyschotics in the treatment of schizophrenia

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Background and aims.– Gender difference in the clinical aspects of schizophrenia is a well documented fact that was a source of studies for many authors in order to get closer to the pathological mechanisme of the disease, this gender difference is also evident in the patient's response to antipsychotics. However, guidelines do not take in consideration patient's gender at molecule choice and required dosages and side effects monitoring in antipsychotic prescription, Therefore the aim of this review was to suggest considering gender in the treatment of schizophrenia for better outcomes.
Methods.– The search was conducted systematically on Pubmed using keywords: (sex difference), (schizophrenia), (antipsychotics), 20 articles were chosen to be matching the aim of the review, Then were reviewed and synthesized in order to focus on the aim of the study.
Results.– Firstly, men were found to require higher doses of antipsychotics to achieve the therapeutic response, while women exhibit more side effects to antipsychotics, Moreover in terms of therapeutic response relation to gender, Olanzapine was found to have better outcome at lower doses in female patients, However women need a closer monitoring, therefore some solutions are suggested, like switching to Risperidone in case of QT prolongation in female patients, also in case of metabolic syndrome and hyperprolactinemia, switching to Aripirazole is suggested to female patients, Another interesting solution is adding Aripirazole to an already set efficient treatment to female patients, yet this needs more supportive studies.
Conclusions.– New treatment protocols of schizophrenia based on gender should be suggested to guidelines.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0605

Korean guidelines for the treatment of panic disorder: initial and maintenance treatment strategies for the pharmacological treatment of panic disorder

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Background and aims.– Korean guidelines for treatment of panic disorder (PD) 2018 was developed. This study investigated the consensus among Korean experts regarding initial and maintenance pharmacological treatment strategies for the patients with PD in Korea.

Methods.– The development committee for Korean guidelines for the treatment of panic disorder developed questionnaires pertinent to initial and maintenance treatment strategies for pharmacological treatment of PD, based on recent treatment guidelines published by the American Psychiatric Association, the National Institute for Clinical Excellence, and the Canadian Psychiatric Association. Seventy-two experts in PD answered questionnaires. We classified expert opinions into three categories, first, second, and third-line treatment strategies, by analyzing the 95% confidence interval.
Results.– Antidepressants, benzodiazepines and combined with cognitive-behavioral therapy (CBT) were recommended as treatments of choice (ToC), and first-line strategies for initial treatment of PD. Escitalopram, paroxetine, sertraline, and venlafaxine were preferred from among many anti-panic drugs. Mean starting dose of anti-panic drugs for initial treatment of PD was relatively lower, than that for other psychiatric illnesses such as major depressive disorder. In the case of maintenance treatment of PD, antidepressants and CBT were selected as ToC and first-line strategies. Patients were recommended typically to be examined every four weeks during treatment, to review effectiveness and side effects of the drug. The duration of maintenance pharmacological treatment was recommended to be continued for one year or more.
Conclusions.– These results, which reflect the recent studies and clinical experiences, may provide the guideline about optimal medication treatment strategies for PD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0606

Off-label use of antipsychotics in the French psychiatric hospital of Nancy

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Background and aims.– Despite treatment guidelines recommending that second generation antipsychotics (SGAs) are preferable and should be used as monotherapy, available literature revealed use of first-generation APs (FGAs), polypharmacy, and use of APs at lower than recommended doses. In addition, off-label indications of APs are very common. Minimal data exist regarding AP off-label use in French psychiatric hospitals.
The aim of this study was to investigate the frequency and the nature of APs off-label prescribing in a population of hospitalized patients with psychiatric disorder.
Methods.– Retrospective cohort study utilizing the hospital data base of Centre Psychothérapique de Nancy from Mars 01, 2017 through Mars 03, 2017. Only patients with at least one AP prescription were included.
Results.– 129 patients were included. The majority of patients were men (51%,44 ± 16 years). The SGAs (59%) were the most prescribed. Although the majority of patients (74%) received at least one AP, 23% were prescribed two APs, 3 patients three APs and 1 patients four APs (3 SGAs +1 FGAs). In addition, 26% of patients had received APs for off-label indications such as reaction to severe stress (14%), disorders due to psychoactive substance use (4%), depressive episodes ($n = 4$) and specific personality disorders ($n = 2$). The use of AP at lower than recommended doses was also observed (17%).
Conclusions.– Off-label APs prescription was frequent. Patients frequently received multiple APs and at doses below the recommended guidelines for the management of psychotic disorders without approval for use. When prescribing off-label use, prescribers should carefully evaluate risk/benefit ratio for the individual patient [Ref 1].
Reference.–
[1] Tournebize, J. et al. 2018. Fundam. Clin. Pharmacol. (meeting abstract).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0609

Access and participation: what factors influence the provision and utilisation of health care services by children with learning disabilities?

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Background and aims: Aims The aim of this literature review is to explore the range of factors that influence the degree of access to health care services by children and young people with learning disabilities.
Background: Children with learning disabilities are at increased risk of suffering from a wide range of health conditions comparing with their peers. However recent reports by UK government as well as independent charities working with children and young people with learning disabilities demonstrated that they are at risk of poor health outcomes as a result of barriers preventing them from accessing most appropriate services.
Methods.– Comprehensive searches were conducted in six databases. Articles were also obtained through review of references, a search of the grey literature, and contacting experts in the field. The inclusion criteria were for studies evaluating access to healthcare services, identification and communication of health needs, organisational aspects impacting on access and utilisation, staff attitudes where they impacted on access, barriers, discrimination in patients with intellectual disabilities age 0–18.
Results.– Barriers to access included problems with identification of healthcare needs by carers and healthcare professionals, communication difficulties, the inadequacy of facilities, geographical and physical barriers, organisational factors such as inflexible appointment times, attitudes and poor knowledge base of healthcare staff.
Conclusions.– The factors identified can serve as a guide for managers and clinicians aiming to improve access to their healthcare services for children and young people with intellectual disabilities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0610

Psychiatric and psychological treatment for a woman affected by turner syndrome, obsessive compulsive disorder and intellectual disability: a good outcome

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Background and aims.– The intellectual development of patients affected by Turner Syndrome (TS) has a normal range. Some authors correlate mosaic karyotype TS to intellectual disability (ID). But small literature about correlations between TS and mental disorders can be found.
To describe clinical and genetical features and treatment of a woman with TS associated with severe obsessive-compulsive disorder (OCD) and ID.
Methods.– A 22-year-old woman (S.) with mosaic karyotype TS 46, X, i (Xq)[40]\45, X[10], ID and OCD was referred in 2014 for a severe and debilitating form of OCD.
S. showed dwarfism, acoustic agnosia, amenorrhoea, pressured speech, borderline ID (WAIS-R = 73) with disability pension. OCD was shown since the age of 10. Compulsive cleaning (with a specific issue about leaves) was the most pervasive symptom (confirmed at SPAIDD-G) and compromised both her and her family quality of life. She was prescribed Fluvoxamine 300 mg and Olanzapine 10 mg then shifted to Aripiprazole 10 mg due to drowsiness and weight gain. Antipsychotic drug was due to the intensity of compulsions about leaves cleaning. Psychological support has been needed to manage symptoms particularly for her low intellectual resources.
Results.– Fluvoxamine + Aripiprazole treatment has been showing a good efficacy on OCD symptoms with no side effects. ID clearly influences her treatment management needing a psychotherapic approach. At Vineland Adaptive Behavior Scale (9/2018) she got good scores, over average for her ID level.
Conclusions.– A combination of psychiatric treatment and psychological support managed to reduce levels of symptoms and to find alternative behaviors to cope with the crisis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Mental Health Care/Sexual Medicine and Mental Health

E-PP0612

Satisfaction and well-being of the elderly: a new tool for measuring life satisfaction among the aged

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Background and aims.–
Introduction.– Life satisfaction measurements used among the Thai elderly were translated from English, and were not initially developed for the elderly.
Objective.– To develop the Satisfaction and Well-being of the Elderly (SWE).
Methods.– An extensive literature review was conducted according to aging, biological, psychological, sociological and life satisfaction theories. Knowledge management and expert panels were convened among 120 individuals including older people, geriatric psychiatrists and psychogeriatric personnel to create relevant concepts and items. A national meeting of 18 professional representatives of psychiatrists, psychogeriatric nurses, community leaders, social workers, mental health promotion and prevention specialists, older people and relatives was arranged to discuss, reviewed and revise the conceptual framework and items. Content validity index (CVI) was tested among 5 psychogeriatric professionals. The measurement was pilot tested among 30 elderly without depression and cognitive deficits then Cronbach's alpha was calculated.
Results.– The SWE yielded 55 items in 9 dimensions, i.e., Enjoyment, Resolution, Fortitude, Congruence between desired and achieved goals, Positive self-concept, Giving up authority, Mood tone, Reconciliation with others, and Self-sufficiency. The number of items on each factor were 7, 8, 7, 8, 7, 3, 6, 5, and 4, respectively. The 4-category Likert Scale responses ranged from 1 (strongly disagree) to 4 (strongly agree), with total scores of 55-220. The CVI was 0.944 and Cronbach's alpha was 0.896. It took about 20 minutes to complete.
Conclusions.– The SWE is a new self-administered life satisfaction tool for elderly people. It demonstrated excellent content validity and reliability, and requires about 20 minutes to complete.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0613

Venous thromboembolism as a complication in psychiatric inpatients: a case series and a proposal of adapted prophylaxis algorithm

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Background and aims.– Introduction: venous thromboembolism (VTE) risk is high in psychiatric inpatients due to multiple specific factors. Psychopathology and lack of awareness can lead to a delay in diagnosis and serious consequences. There is no validated algorithm for VTE prevention for psychiatry inpatients.
Objective.– to study the characteristics of psychiatric inpatients diagnosed with VTE and to propose a prophylaxis algorithm.
Methods.– Psychiatric inpatients diagnosed with VTE between January/2017–September/2018 in Hospital Clinic of Barcelona were included for analysis.
Results.– Five patients were diagnosed with VTE. Two presented with pulmonary embolism. 100% were women with mobility reduction or other risk factors for VTE. Four were older than 60 and diagnosed with affective disorders, three received antipsychotic drugs, four were given antidepressants, and three underwent electroconvulsive therapy. None was assessed for VTE risk nor received prophylactic treatment. The average latency between admission and diagnosis was 11,2 days.
Conclusions.– Even though all patients had risk factors for VTE, no preventive measures were taken. This complication was associated with further morbidity, longer stays, and a high level of attention required, leading to delayed recovery. The lack of validated protocols for VTE prophylaxis that prioritize mental health issues makes detection more difficult and delays treatment. However, VTE is easily preventable with systematic risk assessment. Thus, we propose an algorithm based on previous examples, guidelines and scores used for medical patients (Fig. 1).

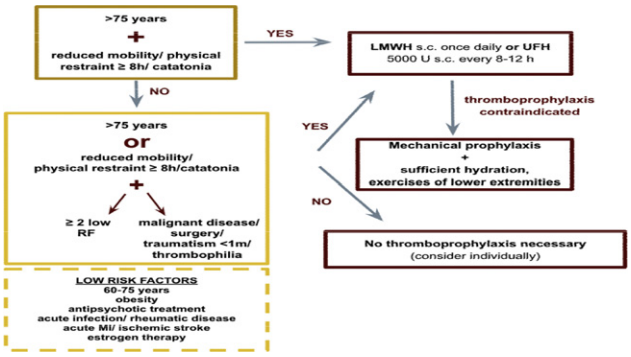


Figure 1. VTE: algorithm based on guidelines and scores used for medical patients.

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

E-PP0614

New models in reformed mental health system in Bosnia and Herzegovina

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Background and aims.– Starting on 2010, last mental health reform in Bosnia and Herzegovina (BH) had structured and community based orientation to develop eaqual services in whole country. In last eight years network of 71 community mental health centers (CMHC) was established with building connections with other services and institutions in their communities. For the next four years implementation of established services as well as specific new services will be main process in the Project of Mental Health (PMHBH) supported by entities' ministries of health and Swiss Government.
Methods.– Comparing results of First and Second (2010–2018) Phase of PMHBH and present main course of Third phase (2018–2022).
Results.– As major results is important to highlight unified mental health policies for next 5 years, 71 CMHC in BH, accreditation of most of CMHC, establishing occupational therapy, using case management as main course in work with patients, collaborative activities with user organization and in local communities, and establishing anti-stigma and social inclusion guidances in BH. In the next four years focus will be on child and adolescent psychiatry in the community, external and clinical supervision of case management and occupational therapy, supporting changes in media relations and involvement of users in media and further social support to users as well as new inputs in existing laws for further protection of people with mental disorders in BH.
Conclusions.– Model of structured community based treatment and rehabilitation in BH gave first results. Support of policy makers and strong involvement of the mental health professionals teams together with users will continue.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0616

Pilot study of burnout, depression and anxiety of GPS: work-place antecedents and consequences

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Background and aims.– Burnout proportions among general practitioners (GP) are rising rapidly. It has a negative effect on the physical and mental health.
Objective.– To assess the relationships of GP's burnout, anxiety, depression with work-place antecedents and consequences.
Methods.– 46 GPs from six outpatient clinics took part in study. Burnout was assessed using the Shirom-Melamed burnout measure (SMBM) with physical fatigue, emotional exhaustion and cognitive weariness subscales. Depression and anxiety was measured using the Hospital Anxiety and Depression Scale (HADS). Quality of life, work satisfaction and work climate each were measured by 10 point Likert type scale. GPs were asked about work conditions (working in the office alone or with others, work amount exceeding full-time employment, GP's work experience).
Results.– Physical fatigue had significantnegative correlations with life quality ($r = -.551$), work satisfaction ($r = -.603$) and work climate ($r = -.410$). Cognitive weariness had negative correlations with life quality ($r = -.307$), work satisfaction ($r = -.372$) and work experience ($r = -.482$). Emotional exhaustion was negatively correlated with work satisfaction ($r = -.372$) and work experience ($r = -.376$). Correlations were found between depression and life quality ($r = -.551$), work satisfaction ($r = -.603$) and work climate ($r = -.308$). Anxiety was related with life quality ($r = -.551$), work satisfaction ($r = -.603$) and work climate ($r = -.375$). Moreover lower anxiety level was among GPs who worked alone comparing to those who worked in office with others ($t(44) = -2.103$, $p = .045$).
Conclusions.– Work experience, working alone and positive work climate are preventive factors for burnout and mental health. Burnout, depression and anxiety may impact life quality and work satisfaction. Therefore, proactive interventions should be taken.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0617

Towards an understanding of patients' participation in the community-based mental health services: a comparison of patients with treatment discontinuation and other patients

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Background and aims.–
Introduction.– The collaboration between hospital-based and community-based mental health services is of great importance.
Objectives.– To describe a review of the characteristics of patients with treatment discontinuation (while referred from hospital-based to community-based services) and patients who comply with treatment. This study has a between – participant design.
Methods.– A cohort of 162 patients with treatment discontinuation was compared with a cohort of 50 other patients with

schizophrenia. Comparisons were made on socio-demographic variables, time from the onset of schizophrenia, referral sources, and hospitalization rates.
Results.– The characteristics of the two cohorts were compared. Although there is no empirical evidence to support the claim, but socio-demographic variables and referral sources could predict the likelihood of a patient's lack of follow-through. Data were compared with data from existing studies on treatment adherence. Certain key issues are addressed: the further need to re-evaluate the 'medical model' in the delivery of mental health care in a social context; and the value of time conscious (not only time-limited) interventions in the mental health care setting.
Conclusions.– The methodological weaknesses in such a study are outlined. While the results are not generalisable beyond this sample, the implications are that consideration of the factors underpinning the patients' decision-making processes is desirable. Next steps: To gain a detailed understanding of the choice made by some patients and their families not to comply with treatment, using psychological theory to explore the motivation, perceived consequences and decision-making processed involved.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0618

Connection between the amount of time spent by Russian teenagers on the internet and their psychological well-being

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Background and aims.– Global digitalization requires researchers to determine the risks of the virtual socialization for the mental health and the psychological well-being of adolescents, them being the most active users of the Internet space. We studied the impact of time spent on the Internet by teenagers on their psychological well-being.
Methods.– The study involved 491 adolescents from 15 to 17 years (Me = 16.1; SD = 0.9) from eleven subjects of the Russian Federation (196 male). Depending on the time spent on the Internet daily, the study participants were divided into three groups: (1) less than 2 hours a day – 31%; (2) from 2 to 4 hours a day – 40%; (3) more than 4 hours a day – 29%. Respondents were asked several questions about their current emotional and physical condition.
Results.–

1. Participants from Group 1 felt significantly less nervous or tense than teenagers from Group 2 ($t = 2{,}865$; $p = 0{,}004$) and from Group 3 ($t = 3{,}027$; $p = 0{,}003$).
2. Participants from Group 1 felt happy significantly more often than teenagers from the group 2 ($t = -2{,}063$; $p = 0{,}040$).
3. Participants from the group 3 feel significantly less healthy than teenagers from the group 1 ($t = -3{,}148$; $p = 0{,}002$) and from Group 2 ($t = -2{,}025$; $p = 0{,}044$).

Conclusions.– Thus, the more time teenagers spend on the Internet, the more unhappy, nervous or tense, and the less healthy they feel. The results demonstrate the negative impact of the abundance of time spent on the Internet on the teenager's perception of their psychological well-being.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0619

Mental health and risks in organizational behavior

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Background and aims.– This article presents results of the job characteristics analyses among operating personnel of energy companies (Job Characteristics Theory, Hackman & Oldham, 1975). The research aim was to analyze job characteristics related to the increase in occupational stress and behavioral distortions. The sample included 5732 men (average age = 40.69).
Methods.– The participants completed The Occupational Stress Survey (Leonova, 2006), which identifies six stress indexes (perceived job conditions, job reward, acute and chronic stress manifestations, behavioral distortions and general stress index) and Russian version of Job Diagnostic Survey (JDS).
Results.– Based on cluster analysis results three different groups of employees were revealed according to general index of stress and index of potential motivation. The group with high level of stress and low potential motivation is characterized by acute and chronic stress manifestations as well as behavioral risk factors (risk behavior, impulsivity) and experienced low responsibility and meaningfulness of work. The group with moderate stress and motivation is characterized with moderate signs of acute and chronic stress and moderate potential motivation. The third group is psychologically prosperous on both criteria - the indicators of the psychological state (low or moderate stress) and potential motivational growth.
Conclusions.– The results suggest that the strong need for personal growth and individual ability to seek challenge regardless to a job low in motivating potential are important psychological resources. They reduces the risk of negative stress manifestations and contributes to the well-being and reliability of the human factor.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0620

Predictors of recurrent referrals to mental health treatment in secondary healthcare

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Background and aims.– With a growing number of referrals, secondary psychiatric care faces the pressures of providing acute and supportive help instead of more focused and evidence-based interventions. For public mental health services to be balanced most of the psychiatric patients should be treated in primary care and the limited resources of secondary care to be focused on those in need. However, patients already discharged from secondary psychiatric care are often hastily re-referred. To focus the limited resources of secondary care optimally research is needed on the predictors of re-referrals.
The aim of the current study is to examine whether specific characteristics of public sector secondary psychiatric treatment (length, type or intensity of treatment) and patient-related factors (diagnosis and the number of diagnoses) are associated with re-referrals in Hyvinkää Hospital Area in Finland (population approx. 200 000).
Methods.– The sample consists of all referrals to secondary psychiatric care years 2016 and 2017 (1016 referrals, of which 230 (22.6%) had previous treatment) and 2017 (1275 referrals of which 260 (20.4%) had previous treatment) in Hyvinkää Hospital Area. Asso-

ciations of previous treatment details and patients' characteristics with re-referrals were examined using logistic regression.
Results.– None of the treatment or patient-related factors were associated with re-referrals among individuals discharged from earlier treatment.
Conclusions.– More research is needed on the predictors and use of recurrent secondary psychiatric care. This information is needed to establish clear criteria for prolonged and recurrent treatment in secondary care and to enhance public sector psychiatric treatment further.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0621

Development, promotion and adoption of a person-centred research and care (PCRC) framework for mental health: finding strength in collaboration between international stakeholders

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Background and aims.– Research conduct and care practices centred on the person have received increased attention in recent years. There remains, however, a strong unmet need for a widely accepted person-centred-research-and-care (PCRC) framework, endorsed by all stakeholders, to allow for good communication, robust evidence generation and optimal outcomes. The successful development and delivery of high quality social healthcare services encompasses an evidence-based, person-centred approach, including shared-decision-making, evidence-informed personalised care planning and self-management support, taking into consideration information asymmetry and potential disparities.
We aimed to broker initial dialogue with stakeholders about their preferences and needs, opportunities/synergies, and assessing willingness to actively support a collaborative participatory initiative for the development, promotion and adoption of such a framework.
Methods.– A series of national/international policymakers, regulators, academics, healthcare professionals and patient representatives were asked to provide feedback on collaboration plans to strengthen PCRC and examine the key elements that ought to drive the generation, promotion and adoption of such a framework.
Results.– Current issues that still prevent successful PCRC practices were highlighted, i.e., poor training; limited knowledge/exchange between stakeholders; lack of readily accessible information and best practices, including tools to support local advocacy programmes and to guide evidence-informed policy, diversity and inclusion schemes; lack of tools to monitor and evaluate outcomes and impact of efforts related to PCRC practices; and lack of formal partnership between stakeholder groups in research and practice.
Conclusions.– A PCRC framework and a collaborative and participatory model are required to promote and adopt evidence-informed policymaking and lead to more resilience on person, system and society levels.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0622

Homophobia among muslim transgender men in Turkey: a preliminary study

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Background and aims.– Turkey is a secular country with a Muslim-majority population. In spite of the fact that psychiatric interventions regarding gender dysphoria have been practiced for many years in Turkey, no standard procedure have been followed-up yet. The purpose of this research is to examine the knowledge about the sexual orientation and gender identities, internalized stigma and the attitudes toward lesbians and gay men on female to male transgender individuals in Turkey.
Methods.– A sociodemographic form, Gender Identity Self-Stigma Scale, The Attitudes toward Lesbians and Gay Men Scale, and Open Ended LGBT Questtionaire were used to collect the data.
Results.– A total of 12 FtM Muslim individuals are participated in this study. Mean age was 25,5. Non of the participants had completed their sex reassignment surgery. The mean ATLG score is 105.5 ± 40.5. Most of them answered the open ended questions which asked them about the definition of bisexuality or homosexuality with saying that 'it is a sin and an illness which can be cured with psychotherapy'. On the contrary, the question which asked them the definition of transgender was answered by patients with stating the exact meaning.
Conclusions.– Islam is clear in its prohibition of homosexual acts. Our findings about homophobia in transgender Muslim population are similiar to this reality. These people who are also victims of discrimination are not immune to homophobia. While working with transgender patients we should be aware that their knowledge about sexual orientation could be very limited and their attitudes toward homophobia can be challenging.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0623

Similarities and dissimilarities between the motivational basis of problematic pornography use and frequency of pornography use

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Background and aims.– Problematic pornography use and frequency of pornography use showed positive, but small-to-moderate associations in previous studies indicating that these two aspects of pornography use are related but yet may be considered as distinct domains of pornography use with potentially different antecedents and consequences. In the case of other behavioral addictions and problematic online behaviors, different motivational patterns emerged behind problematic use and frequency of engaging in a given activity. However, this assumption was not tested with respect to pornography use. The aim of the present study was to examine the similarities and dissimilarities in the motivational background of problematic pornography use and frequency of pornography use.
Methods.– Structural equation modeling (SEM) was employed to examine the associations of pornography use motivations,

problematic pornography use and pornography use frequency (N = 1,082; females = 537, 49.6%).
Results.– According to the results of SEM (CFI = .942, TLI = .935, RMSEA = .064), problematic pornography use was positively and weakly related to sexual pleasure (β = .09, p < .05), fantasy (β = .12, p < .01), boredom avoidance (β = .14, p < .01) and emotional avoidance motivations (β = .20, p < .01), whereas it was positively and moderately related to stress reduction motivation (β = .43, p < .01). Frequency of pornography use was positively and weakly related to stress reduction (β = .14, p < .05) and boredom avoidance motivations (β = .23, p < .01), and positively and moderately related to sexual pleasure motivation (β = .34, p < .01).
Conclusions.– Our results suggest that it might be important to take into account the motivational background of problematic pornography use and the frequency of pornography use to reveal more fine-grained differences between intense and problematic users.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0626

Subjective quality of life of transsexual people in different stages of medical transition

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Background and aims.– Effective dealing with transsexual people should take into account and address subjective quality of life changes on different stages of medical transition. The aim was to compare of life satisfaction in transsexual people on different stages of medical transition.
Methods.– 100 transsexual people in different genders and stages of medical transition: 33 pre-operated Female-to-Male (FtM I), 15 FtM on a hormonal therapy (FtM II), 17 FtM after some surgical operations (FtM III); 7 pre-operated Male-to-Female-Transsexual (MtF I), 11 MtF on a hormonal therapy (MtF II), 17 MtF after some surgical operations (MtF III). They are compared with 100 cisgender people (35% males). The participants filled Satisfaction With Life Scale (Diener et al., 1985) and Gender Roles Male and Female scales from Minnesota Multiphasic Personality Inventory – 2 (Butcher et al., 2001).
Results.– Transsexuals before medical transition are less satisfied with their life than controls (mean = 15.2 for FtM and 14.6 for MtF comparing to 21.4 for male and 22.0 female controls, p < .01). Transition is accompanied by different nonlinear trend in subjective well-being (see graph): satisfaction increases in FtM II (20.3) but declined in FtM III (18.5). On the contrast MtF II have the lowest satisfaction (10.9) while in MtF III satisfaction with life achieve normal range (21.4).
Conclusions.– Results suggest that results of hormonal therapy satisfy FtM but disappoint MtF. For surgical therapy there are vice versa changes in satisfaction that should be expected by medical staff. Research is supported by the Russian Foundation for Basic Research, project No. 17-06-00849.

E-PP0627

The relationship between the illicit drugs use and alcohol abuse with compulsive sexual behavior in HIV-infected men

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Background and aims.– Compulsive Sexual Behavior (CSB) is strongly associated with HIV risk-taking behavior including among others sex while under the influence of drugs or alcohol. The characteristics of the illegal drugs and alcohol consumption by patients with CSB in Russia remain insufficiently studied. Aims: to identify the relationship between the illicit drugs use and alcohol abuse with CSB in HIV-infected men.
Methods.– The sample consisted of 119 HIV-infected men. 25 of them (21.0%, CSB-Men) met the criteria for the Compulsive Sexual Behavior Disorder (proposed for ICD-11). Experience in the use of illicit drugs and alcohol was assessed in a structured clinical interview.
Results.– We found a high incidence of illicit drug use in both CSB-Men and men without CSB: opiates consumption (24.0% and 27.7%, respectively), cannabinoid consumption (68.0% and 50.0%). The prevalence of psychostimulants use in CSB-Men was twice as high than in men without CSB (64.0% and 29.8%; p = 0.002; OR = 4.19; CI 95% 1.66–10.6). History of alcohol abuse was more common in CSB-Men too (80.0% and 40.4%; p < 0.001; OR = 5.9; CI 95% 2.04-17.07). Alcohol abuse in CSB-Men was linked with the use of psychostimulants (R = 0.458; p = 0.021; 95% CI 0.077–0.72) and high frequency of commercial sex services use (R = 0.443; p = 0.026; 95% CI 0.058–0.71) – one of the significant risk factors for HIV infection.
Conclusions.– The higher prevalence of psychostimulants and alcohol abuse in HIV-infected men with CSB can be used as a symptom-target for earlier diagnosis of CSBD, to improve the medical and psychological assistance, and to prevent infection by other STIs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0628

Sexual functioning of pateints suffering from mood disorders with possibly co-existing personality disorders

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Background and aims.– Sexuality is an integral part of the human functioning and the ability to satisfy sexual needs in harmony with personal desires is one of the basic rights of any human being. Mental disorders, which result in change in every aspect of life are highly affecting one's sexual life.
The main aim of the proposed research was to characterize the model of sexual functioning of the patients with affective disorders and verifying the role of the coexisting personality disorders.
Methods.– 100 patients participated in the study (55 female and 45 male) during the hospitalization due to depressive episode in the course of the unipolar disorder (39), depressive episode in the course of the bipolar disorder (34 patients), manic episode in the course of the bipolar disorder (27 patients). Following

diagnostic methods were used: structured clinical interview for the DSM-IV Axis II personality disorders, Mell Kratt scale of sexual needs, Female Sexual Function Index, International Index of Erectile Function and two original questionnaires: Questionnaire for Sexual Disfunctions and Questionnaire for Self Sexuality.
Results.– A strong interplay between occurrence of affective disorders and the intensity of sexual disorders have been found. Occurence of the affective disorders significantly reduce the quality of sexual functioning, both in terms of physiological and mental functioning.
Conclusions.– Pharmacotherapy regulates the symptoms to some extent, but may cause adverse effects. The coexistence of personality disorders increases the risk of aggravation of the sexual disorders symptoms during the course of the affective disorder and makes it less susceptible to modification through pharmacotherapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0631

Self-inflicted penile amputation as an unusual case of attempted suicide

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Background and aims.– Genital self mutilation is a rare and a severe form of self-injurious behavior usually described in psychotic disorders, with delusions and hallucinations. This phenomenon has been described in schizophrenia, affective psychosis, alcohol intoxication, and personality disorders. The first report of genital self mutilation (GSM) was in 1901 by Strock. It has been ascribed to sexual conflicts, body image distortions, internalized aggression, and suicidal intent. The present case genital self mutilation in a case of alcohol withdrawal state complicated by delirium is reported.
Methods.– A 32 year old divorced male presented with self penile amputation of with a sharp blade. The person was under the influence of alcohol at few days before doing so. He reported a history of substance use consisting of alcohol and psychoactive substances. He also reported second person auditory hallucinations of a commanding type due to which he wanted to committed a suicide.
Results.– We report herein a case of a traumatic penile amputation and successful outcome of psychiatric treatment.
Conclusions.– Genital self-mutilation (GSM) is usually seen in individuals suffering from psychotic illness and more so in response to a delusional process. Studies on GSM behavior have revealed that around 70-80% of cases have underlying psychiatric disorder. A syndrome named "van Gogh syndrome" has been the name given to patients attempting self-mutilation under the influence of imperative hallucinations.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0632

The association between serotonin reuptake inhibitors and erectile dysfunction in depressed patients

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Background and aims.– Erectile dysfunction (ED) is a common male sexual dysfunction encountered in depressed patients (69%), aggravated by serotonin reuptake inhibitors (SRI) and has a significant impact on the couples' relationships in everyday life.
Our study aims to determine the prevalence of erectile dysfunction in depressed patients treated with SRI antidepressant and to study the association between ED, the severity of depressive symptomatology and SRI drugs use.
Methods.– This is a retrospective case-control study of 60 cases, including 30 controls and 30 patients with depressive disorder (15 treated with SRI and 15 treated with non-SRI antidepressant).
The included cases have no notable medical history and answered the "Patient Health Questionnaire (HQP-9)" and the "International Erectile Function Index (IIEF15)"
Results.– Erectile dysfunction was found in 13.33% of controls Versus 73.33% of patients followed for depressive disorder.
A depressive disorder of moderate to severe intensity was identified as a risk factor for erectile dysfunction (OR> 1).
The use of SRI was identified as a risk factor for erectile dysfunction (OR> 1).
Conclusions.– ED is aggravated by the severity of depressive disorder and by SRI, which is one of the explanations for non-compliance to treatment.
Thus, a systematic evaluation of sexual function during treatment would be beneficial.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0633

The volunteer bias in sexuality study. a psychological description of the male sample

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Background and aims.–
Introduction.– The volunteer bias is a perceptible problem in multiple studies, but it especially affects findings related to sexuality. It includes specific participants' personality traits and attitudes, as well as their approach to fear of judgment related to the study content.
Objectives.– Description of the personality traits and other characteristics of the sexology study volunteer participants.
Methods.– The study concerned sample of 200 polish men (response rate 25%) aged 18-65, who were asked to fulfil an anonymous questionnaire battery about 'mental and sexual health', which consisted of sexological (SIS/SES, IIEF), gender (BSRI), personality (NEO-FFI) measures, general health and sociodemographic survey.
Results.– The study participants were found to have significantly lower scores on neuroticism scale, while higher scores on extraversion and conscientiousness scales in comparison to general population. They were mainly heterosexual, moderately religious, had secondary or high education, were city inhabitants, had sexual partners (with whom had predominantly very good or good relationships' quality). Their attitudes toward one's self and body were quite positive, their sexual attractiveness self-assessment was quite high. 18% of the sample declared engaging in excessive sexual behaviours and 24% met criteria for erectile dysfunctions. 2% admitted to be victims of sexual abuse in childhood. In the sample mean sexual initiation age, the levels of stereotypical femininity and masculinity were comparable the general population. The dominating gender types were masculine and androgynous.
Conclusions.– The volunteers who took part in sexology study have different psychological descriptions than the overall population.

This fact seriously affects interpretation possibility of the gathered findings.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0636

Perceptions and thoughts related with sexuality in pregnant women

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Background and aims.– The changes, combined with cultural, religious, and familial factors, affect sexuality and sexual activity during pregnancy.
The purpose of this study is to describe how pregnant women perceive and live their sexuality during the pregnancy.
Methods.– 51 pregnant women who agreed to participate were interviewed, for this qualitative descriptive study.
The data were collected using face-to-face interview by using a semi-structured interview form. The questions included thoughts and perceptions of women related to sexuality. Each interview lasted 20-25 minutes and tape-recorded. Then, each interview transcribed verbatim and coded by the researcher and one specialist until they reach an accurate understanding of what participants meant. Later, similar statements were put together to create the themes of the study.
Results.– 39% of women had their first pregnancy, 58% had planned pregnancy and the mean of age was 28,6. Three themes emerged by the relevant expressions of the participants were marital relationship, pregnancy experience and motherhood experience. Related to pregnancy, physical problems such as nausea, vomiting, growth of the abdomen, weakness-fatigue and pain was stated and additionally they talked about a decrease desire and want to control sexual intercourse (when/how) by themselves. Regarding maternal life, women expressed that since being a mother experience or maternal feeling is in the foreground, the frequency of sexual intercourse was decreasing. Also, women stated that being a wife needs to continue sex life, and husband not to be rejected when they want to sex.
Conclusions.– Sexual activities of women are changing in pregnancy and needed counseling.

E-Poster Presentation: Mental Health Care/Promotion of Mental Health

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

E-PP0637

Portuguese validation of the communication assessment tool

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Background and aims.– Interpersonal and communication skills have been considered a core competency in clinical practice and a very important part of quality in medical care (Batalden, 2002). The Communication Assessment Tool (CAT; Makoul et al., 2007) is a 14-item unidimensional questionnaire focusing on patients' perception of physician's communication and interpersonal performance. Its original version presented excellent reliability and construct validity. Objective: to analyze the construct validity, using Confirmatory Factor Analysis (CFA), the convergent validity and the reliability of the Portuguese version of the CAT.
Methods.– A sample of 244 adults [162 (66,4%) women; mean age = 33.67 ± 13.478 years] completed the preliminary Portuguese version of CAT and the Patient Perception of Patient-Centeredness-16 (PPCD-16; Macedo et al., 2012). Participants also answered three Likert scale question to assess satisfaction and adherence. The CFA was obtained using the AMOS 23 software.
Results.– CFA showed a good fit for the unidimensional model (χ^2/df = 2.53; CFI = 0.96; TLI = 0.95; RMSEA = 0.08; $p < 0.01$). Overall scale reliability was high, presenting excellent internal consistency (Cronbach's alpha = 0.96). Pearson correlations with PPPC-16 total and dimensional (Empathy and Active patient involvement) were high ($r > .650$); with satisfaction ($r = .385$) and adherence ($r = .279$) were moderate (all $p < .01$).
Conclusions.– The Portuguese version of CAT is a reliable and valid instrument to assess patient perception of physician's communication and interpersonal skills. In this Portuguese community sample the CAT scores were lower than those of the original (American) scale, which indicates that clinical communication skills should improve in our country. Thus, this instrument is useful in research projects of communication skills in clinical practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0638

Source of stress and response to stress in executives

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Background and aims.– Aim of the study was to identify sources of stress for managerial level corporate employees from multinational corporations impacting their work life balance.
Methods.– Data of 5 years from target respondents was reflected by them and the same were utilized to design a survey questionnaire. Data from 2000 employees aged from 30–45 years was collected. Mean, median and standard deviations were calculated. Also, non parametric statistics were used.
Results.– The research revealed seven major significant sources of stress amongst which long working hours is the major stressor affecting 48% of employees followed by work pressure (40%), loss of work-life balance (32%) and role clarity with role conflicts affecting as many as 30% of the respondents. On the hand, manager's inability to recognize stress as well as find solutions for it affects 24% and 20% employees respectively. Also, the study revealed the primary responses to the stressors range from anger as elicited by 80% of the employees, chronic fatigue experience by 65%, 60% of them suffered from anxiety followed by poor decision making, insomnia, psychosomatic pain and an equal number of respondents being affected by reduced attention, concentration and disturbed sexuality.
Conclusions.– Implications of the study can be concluded by saying that people respond to stress in a maladaptive manner thereby perpetuating the stress cycle and disturbing their emotional health distrupting the work-life balance.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0639

Do patients with psychiatric disorders want to get involved in the evaluation of the psychiatric health care?

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Background and aims.– Assessment of the treatment in psychiatric inpatient departments and treatment result evaluation by patients themselves plays crucial role in quality evaluation and planning the improvement strategies. The importance of the study stresses WHO conducted research in 2016 about deinstitutialization process, where authors claim that the health care system needs to meet patients' needs. According to Zendjidjian et al., (2014), an appropriate and patient need oriented health care encourages patients to seek help and contributes to the management of relapses and outcomes.
Objectives.– To determine patients' satisfaction with a quality of health care services in psychiatric inpatients and get response rates in different psychiatric clinics, patients were asked to fill the PIPEQ-OS (Psychiatric Inpatient Patient Experience Questionnaire - on site) questionnaire in three psychiatric hospitals in Latvia.
Methods.– The questionnaire was filled by patients 1 day before the discharge. Preliminary data were evaluated and compared between central and regional hospitals.
Results.– Pilot study was conducted for 8 months. 886 questionnaires were filled and returned back. 50% of discharged patients returned filled questionnaire in capital hospital, meanwhile 39% and 11% returned filled questionnaire in regional psychiatric hospitals. Focus group discussions among hospital specialists were organized.
Conclusions.– Patient response rate in regions has shown the low patients' interest in the evaluation of the health care quality. Further study of patient and health care provider related factors need to be conducted.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0640

Summer school project: mental health in the community

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Background and aims.–
Introduction.– The development of mental health protection in the Republic of Croatia envisages the implementation of comprehensive mental health care for people with mental disorders in two important areas of social psychiatry and psychotherapy.
Objectives.– The aim is to present the development of the Mental Health Community Summer School project.
Methods.– The Department of Psychological Medicine at the Faculty of Medicine in Split is launching a summer school project: Mental Health in the Community. In the first phase, the creation of a summer school curriculum is started, with the activities that consist of the establishment of cooperation and agreement on the way of work, the development of a common curriculum, and the regulation of interpersonal relationships. The next stage is the development of teaching materials. The final stage is the maintenance of the summer school. Cooperation with the Faculty of Medicine in Zagreb, the Faculty of Medicine in Ljubljana and colleagues from the Eu Network for Mental Health from the Netherlands is being established.
Results.– The Summer School Program will include topics such as: Legislation, Ethics and Professional Responsibility, Psychosocial Rehabilitation and the Evidence Based Psychosocial Method, Psychotherapeutic Approach and Psychotherapy Psychotherapy; Trauma and PTSD; Research into social psychiatry and psychotherapy; Mental Health Promotion and Early Detection of Mental Disorders; Employment and housing care for people with mental disorder; Therapy community.
Conclusions.– The Summer School will increase the knowledge and competences of mental health professionals in the implementation of modern methods of social psychiatry and psychotherapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0641

Internal consistency of the spanish family orientation of community and agency services: family and practitioner's version

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Background and aims.– Early Childhood Intervention (ECI) practitioners in Spain are transforming their clinical praxis to a Family-Centered Care approach. Due to that process, tools to appraise the use of Family-Centered Practices (FCP) are necessary. The Family Orientation of Community and Agency Services (FOCAS) Scale assess actual and desired FCP from the point of view of families and practitioner. The objective of this study is to analyse the internal consistency of the family and practitioner's Spanish version of the FOCAS scale.
Methods.– 317 families of children receiving ECI and 82 ECI practitioner completed the FOCAS scale. Descriptive and Internal consistency analysis of the scale were performed.
Results.– Cronbach's Alpha for the total scale scores was more than acceptable (table 1). The correlation between actual and desired scores was $r = 0.67$ ($p = .01$) for the family version and $r = 0.48$ ($p = .01$) for the practitioner version.

Scale version	Actual			Desired			Total
	Mean	SD	Alpha	Mean	SD	Alpha	Alpha
Practitioner	5.03	1.03	.83	7.62	1.26	.91	.89
Family	5.55	1.58	.86	6.28	1.43	.83	.90

Table 1. Descriptive and internal consistency analysis of the FOCAS scales

Conclusions.– Our results confirm that the FOCAS scale have a good internal consistency, suggesting is a valid measure instrument in order to assess family and practitioner appraisals of actual and desired FCP in our context.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0644

Does engagement in regular physical exercise help in reduction of readmission to an adult inpatient floor?

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Background and aims.– In 2013, the United States spent nearly $201 billion on mental health issues such as anxiety and depression. It is

also established in literature that psychiatric patients have a high incidence of medical comorbidities including cardiovascular system. We hypothesized that those psychiatric patients who engage in regular physical exercise will have reduced number of readmission rates when compared to other patients.
Methods.– In this quality improvement project, patients were recruited from BronxCare adult outpatient clinic in a self-health action plan for empowerment (INSHAPE) program funded by the hospital where individuals who were overweight (>25) were trained on physical activity, healthy eating goals, and attention to their medical needs. Patients were followed for up to two years in this program, where they were expected to go to the gym three times a week and complete six nutritional classes.
Results.– These individuals ($n = 32$) were more often found to be females (72%, $n = 23$), Blacks (47%, $n = 15$), Hispanics (44%, $n = 14$), Obese (91%, BMI > 30, $n = 29$). It was noted that most of these patients (84%, $n = 28$) did not have any psychiatric inpatient readmissions or any admissions at all (68%, $n = 22$) when compared to their counterparts.
Conclusions.– The above results show that combining exercise with mental health treatment reduces the utilization of inpatient psychiatric services. The possible explanation of this may be that these individuals are more likely to remain compliant with medications and adhere with their treatment plans.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0645

Communication competence and the intensity of anxiety and stress in medical staff

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Background and aims.– The aim of the study was to explore the relationship between communication competences and the selected psychological parameters: anxiety, coping with stress strategies, the sense of mental well-being, the sense of security and generalized self-efficacy in medical staff.
Methods.– The pilot study, being a part of broader research project, involved 30 medical doctors working in hospital wards, 30 nurses working in hospital wards and 20 representatives of other medical staff.
Inclusion criteria.– Informed consent to participate in the study. Doctors, residents, nurses and medical personnel employed at the wards of the University Hospital in Krakow or working in wards under the contract with the University Hospital in Krakow
Exclusion criteria.– Employment at the University Hospital for a period of <6 months. The research involved interviewing for personal data: age, gender, education, workplace, seniority. To collect the measured psychological parameters the following tools were used CISS - Coping Inventory For Stressful Situations, Mini-COPE - Brief Coping Orientation to Problems Experienced Inventory, STAI - State-Trait Anxiety Inventory, PSS-10 - Perceived Stress Scale, GSES - General Self-Efficacy Scale. To assess communication a Communication Competency Test by Maria Nowina Konopka was used. The research was carried out anonymously, after giving written information on the research objectives to the respondents.
Results.– Communication is a core clinical skill and an essential component of general clinical competence. The study brings significant observations about the relation between major psychological features and clinical competence in personal staff working in hospital wards.
Conclusions.– The results are inspiration for further analyses planned in this research project, including also doctor-patient communication.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0646

The diet and aggression study: reducing aggression among chronic psychiatric inpatients through nutritional supplementation

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Background and aims.– Aggressive incidents are highly prevalent among chronic psychiatric inpatients. Studies have demonstrated the potential of supplementation to reduce aggression in maladjusted children and forensic populations. The aim of the current study is to test the hypothesis that multivitamin-, mineral-, and n-3 fatty acids (n-3FA) supplementation reduces the incidence and severity of aggressive incidents among chronic psychiatric inpatients.
Methods.– The Diet and Aggression study is a pragmatic, multicenter, randomized, double-blind, placebo controlled, intervention trial. Eligible for the study are psychiatric inpatients aged 18 years or older, who are residing in 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). The control group receives 3 placebo capsules.
Results.– 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 Agressievragenlijst* (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). Blood samples will be taken to determine nutritional status. At four time points, nursing staff will fill out the Social Dysfunction Aggression Scale (SDAS), measuring observed levels of aggression and social dysfunction.
Conclusions.– In case the results are promising, dietary supplements may be part of standard care in long-stay psychiatric wards.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0647

Study of the relationship of behavior, self-concept and attachment on institutionalized children

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Background and aims.– Institutionalization means a cut, absence or dysfunctionality of the relationship with the parental figures and leads to the creation of new ties and new processes of attachment. This study aims to evaluate the association between sociodemographic variables and behavior, self-concept and relationships of institutionalized children and adolescents.

Methods.– The sample of this exploratory study included 32 institutionalized children aged between 9 to 17 years ($M = 14.56$; SD = 2.213). They were assessed through the Piers-Harris Children's Self-Concept Scale-2, the Inventory of Parent and Peer Attachment and the Child Behavior Checklist from Achenbach.
Results.– A significant relationship between years of institutionalization and maternal figure – alienation and differences in the level of communication between young people and mothers according to age [M (9–15) = 19.50; M (16–17) = 13.50]. Reproaches in school were related to behavior problems, alienation from friends and lack of energy. Self-concept was related both to maternal attachment and to attachment with friends. The more popular the children felt, the less alienation from friends, but also the less communication.
Conclusions.– Attachment was associated with self-concept, years of institutionalization and age emphasizing the importance of intervention and reinforcement of bonds with significant others from early ages. This study found a high number of reproaches and their association with behavior problems, alienation from friends, and lack of energy which means that the fragile situation of these children may have a significant impact on their social, emotional and occupational future.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0649

Stigmatization towards psychiatry and psychiatric disorders among medical students in Tunisia

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Background and aims.– Mental illnesses stigma and discrimination have been described as having worse consequences than the conditions themselves.
Anti-stigma interventions for medical students have been studied in several countries, mainly in developed ones.
The aim of this study is to explore whether clinical trainings in psychiatry have an impact on medical students' stigmatizing attitudes towards psychiatry and psychiatric disorders.
Methods.– The medical student version of the scale Mental Illness: Clinicians' Attitudes (MICA-v2) was used to measure students' attitudes towards psychiatry and persons with psychiatric disorder.
The questionnaire was completed online by medical students of the faculty of medicine of Tunis whose levels of study vary from the first to the sixth year. Participation in psychiatry clinical training programs in second and fifth year was specified. MICA-v2 scores of students who attended clinical training in psychiatry and those not were compared.
Results.– 168 students completed the MICA-v2 scale: MICA total score was equal to 44.78. In fifth and sixth year medical students who attended both clinical trainings in psychiatry, MICA score was 45.13. Students in first and second year who did not attend any clinical courses had a score of 43,65. Scores according to the level of study, from first to sixth year, show a negative attitude increasing with higher study level. Results showed no significant change in MICA-v2 scores between students who had had clinical trainings in psychiatry and those who had not.
Conclusions.– Medical students need to be targeted for anti-stigma educational interventions as future healthcare providers in charge of persons with psychiatric disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0650

Spirituality, quality of life and stress vulnerability in university students

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Background and aims.– Enrolling in the University it's an emotionally demanding transition period. Some university students report stress and impairment of quality of life.
This study aimed (i) to investigate the gender role in the university students' psychosocial adjustment; (ii) and the relationship between spirituality, stress vulnerability and quality of life.
Methods.– The sample included 308 students from University of Aveiro. The participants filled in the Spiritually Scale, the World Health Organization Quality of Life – Bref (WHOQOL-Bref) and the Stress Vulnerability Questionnaire (23 SVQ).
Results.– The results pointed to gender differences in spirituality level and vulnerability to stress. The female university students presented more spirituality beliefs and higher scores of stress vulnerability, more specifically in the domains of perfectionism, frustration intolerance and dramatization of existence. Significant associations between spirituality and students' psychosocial adjustment were also found. Particularly increased hope/optimism were related to decreased vulnerability to stress and promotion of the physical, psychological, social and environmental domains of quality of life.
Conclusions.– The conclusions confirmed the need to consider intervention on spirituality within this context, without disregarding the differences of gender in the experience of the spiritual dimension and exposition to stressors.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0651

Humiliation in adolescence: is there a relationship with early negative experiences, aggressiveness, revenge and paranoia?

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Background and aims.– Humiliation is a multi-faceted construct encompassing experiences of disconnection leading to several psychological or behavioural difficulties, particularly in adolescence. A better understanding of its relationship with similar constructs may be relevant for early detection and development of intervention strategies aimed at buffering its negative impact.
Study the relationship between humiliation and early negative experiences, revenge, paranoia and aggressiveness in adolescents.
Methods.– The sample included 268 adolescents (134 males and 134 females), aged between 12 and 18 years old, attending 5th through 12th grades. Participants completed the following self-report questionnaires: Humiliation Inventory, Early Life Experience Scale, General Paranoia Scale, Aggression Questionnaire and Vengeance Scale.
Results.– Results showed gender differences, with girls showing more humiliation experiences, subordination, verbal aggressiveness, anger, hostility and paranoid beliefs. Boys revealed more

physical aggressive behaviors. A correlation pattern was found in the expected direction among the study variables. Humiliation showed a moderate and positive relationship with early life experiences and paranoia. It showed a low negative correlation with aggressiveness and was not associated with vengeance. The Predictor model of humiliation was significant and revealed the unique and independent contribution of aggressiveness-hostility, experiences of subordination in childhood, paranoid ideation, and physical aggressiveness.
Conclusions.– Results allowed the identification of associations between humiliation and constructs such as early negative experiences in childhood, aggressiveness, paranoia and revenge. Considering its negative impact on current and subsequent development of adolescents, a better understanding and mapping of humiliation in the adolescent population is useful not only for early detection, but also for designing preventive and intervention strategies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0652

Factor structure of a 36-item satisfaction and well-being of the elderly scale (SWE-36)

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Background and aims.–
Introduction.– The Satisfaction and Well-being in Senior scale (SWE) has been developed and demonstrated acceptable content validity.
Objective.– This study aimed at studying the construct validity and reliability of the scale among community-dwelling older people.
Methods.– Six-hundred elderly Thais (aged 60 years and older) who were not either depressed or cognitively impaired completed the SWE, a 55 item self-administered with 4 Likert type scale. Exploratory factor analysis and Rasch analysis were performed.
Results.– Mean age was 69.4 years, 74.7% females, 57.3% had elementary level of education. Cronbach's alpha was 0.96 for the whole scale, with 0.72–0.86 for each factor. Factor analysis yielded 9 factors. The factor loadings initially ranged from 0.826 and 0.485. In refining the scale, 4 items per factors were selected to form a shorter version of SWE. The factor loadings are Enjoyment (0.630–0.601), Resolution (0.650–.0513), Fortitude (0.681–0.485), Congruence between desired and achieved goals (0.767–0.627), Positive self-concept (0.826–0.679), Giving up authority (0.733–.0533), Mood tone (0.654–0.558), Reconciliation with others (0.679–0.584), Self-sufficiency (0.826–0.679). This 9- factor model explained 56.68% of total variance. However, Rasch analysis endorsed unidimensionality rather than multi-dimensionality, Person Reliability = 0.92, and Item Reliability = 0.98.
Conclusions.– SWE, a 9-factor solution, is consisting of 36 items with excellent internal consistency. However, confirmatory factor analysis should be carried out in new sample. Dimensionality of the scale should be further investigated to ensure whether subscale score can be used along with total score. Test-retest reliability and concurrent validity with other tests should be further examined.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0653

The impact of greece's economic crisis on students' requests for counselling in secondary education

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Background and aims.– The Center of Addiction Prevention and Promotion of Psychosocial Health "Schedia" applies prevention programs, and provides counselling services in secondary schools. Counselling has been implemented since 1999 with the primary objectives of prevention for students, parents and teachers, psychological support, changing of attitudes towards psychosocial difficulties and the stigma associated with them. Individual sessions with a counsellor are provided throughout the school year, in a fixed space and time at school. The study was aimed to examine whether the economic crisis in Greece had an effect on the students' requests for counselling.
Methods.– Data from 3,830 students in 16 schools, who asked for counselling over the period 1999 – 2018, were collected and processed.
Results.– Analysis of the data showed a significant change in the requests for counselling, after the beginning of the economic crisis. More specifically, the requests concerned: 1. The effects of intense and prolonged conflicts of parents on the psychosocial adaptation of adolescents. 2. Domestic violence (abusive parent with coexistence of alcoholism or psychopathology). 3. Anxiety disorders and depressive symptoms. 4. The difficulties resulting from the consequences of the crisis in their lives (significant reduction in family expenses, deterioration of their living standards, loss of work by one or both parents). 5. Bullying (verbal violence, isolation/exclusion from school activities and community). 6. The problematic use of internet. 7. Confusion as to professional orientation and fear of unemployment.
Conclusions.– The results are consistent with surveys that relate socio-economic conditions to the increase of psychosocial health problems.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0654

Beliefs about the loss of valued life goals associated with physical and mental impairments

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Background and aims.– Knowledge of the factors associated with stigmatization of people with mental illness has begun to accumulate, however, much remains to be known. For instance, it is important to explore the beliefs towards people with mental illness. The present study investigates how people associate the loss of valued life goals among persons with mental and physical impairments.

Methods.– Participants ($N = 131$, age range 19–45, 31 males, mean age = 20) were presented with a list of impairments. Physical impairments were superior and anterior paraplegia, while mental impairments were inability to reason and mental disorder. The participants were asked to select three valued life goals which could be lost in the event of each of those health states. The list of valued life goals consisted of Schwartz's value dimensions: openness to change (self-direction and stimulation values), conservation (security, conformity, tradition), self-enhancement (hedonism, achievement, power) and self-transcendence (benevolence, universalism).
Results.– Physical impairments are stronger associated with the loss of openness to change values compared to mental impairments ($Z = 3.323$, $p = .001$). People with mental impairments were seen as less having values of conformity ($Z = 4.03$, $p < .0001$). No differences in self-enhancement and self-transcendence values were found.
Conclusions.– Thus, people associate physical impairments with the loss of the ability to perform independent action and readiness for new experience; while mental impairments are associated with loss of self-restriction, order and the reliability in relations with others. These associations might partially explain the stigmatization of people with mental illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0655

Block joy no hangover: report of experience of health promotion in the carnival of Brazil

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Background and aims.–
Introduction.– The consumption of alcohol is a serious public health problem in Brazil, as in other countries. Carnival is considered the most popular celebration in Brazil. In the days of revelry, millions of people across the country take to the streets in search of fun. In this period, there is an increase in alcohol consumption, conduct considered by many individuals as admissible, because it is a festivo period.
Methods.–
Methodology.– Regarding the problem of alcohol and drugs during the carnival, the Psychiatrist Jorge Jaber, aims to show that it is possible to have fun without drinking alcohol and other drugs.. All come together in an atmosphere of joy and relaxation, rocked by music and carnival disclosing the harm of alcohol consumption.
Results.– Block parades every year during the carnival at Copacabana beach, in the city of Rio de Janeiro, gathering a crowd of people, and organized groups of society who fight for the anti-drug cause
Conclusions.– The block "Hangover Without Joy" works with health promotion, working at the level of primary prevention. This relates to the conceptual formulation of health promotion, as seen action on the individual, for their behavioral change and lifestyle. Thus, the block and its proposal, intended to contribute to the change of vision on the part of society that associates the carnival the consumption of alcoholic beverages and drugs, showing the dangers of consuming these substances and proving that it is possible to enjoy the joy without alcohol or drugs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0657

A proposed model for occupational mental health advocacy and disability prevention

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Background and aims.– By 2020 Depression will be the leading cause for global disability according to the WHO. South Africa is experiencing an increase in applications for temporary and/or permanent disability on Mental and Behavioural grounds. Depression is believed to affect 1 in 4 persons within the working South African context.
The struggle to fight depression, improve quality of life and preserve functioning is real and in need of critical review.
The aim of this presentation is to provide a conceptual framework in which psychiatrists, insurers and workplace corporations may work together to advocate for mental health and ultimately preserve the functioning workforce.
Methods.– To provide a model to present to psychiatrists, insures and employers, invested in mental health advocacy and disability prevention (Figure 1).



Figure 1. Model for occupational mental health advocacy and disability prevention.

Results.– This platform will hopefully allow for discussion and debate as to the foreseeable application and sustainability of such a model.
Conclusions.– The quality of life and functioning of those who are susceptible to and/or those who have experienced a mental illness such as depression are fundamental components of mental health management. The workplace is one such an environment that can be a trigger for as well as a possible avenue of rehabilitation for a person experiencing depression. It is critical that mental health advocacy and promotion be actively incorporated into the occupational environment for both individuals and the economy as a whole.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0659

Cultivating compassionate schools: pilot study of a compassion focused intervention to promote teachers' mental health and wellbeing

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Background and aims.– Growing research has supported the efficacy of mindfulness and compassion-based interventions in diverse populations and contexts, particularly to the development of adaptive emotional regulation skills central to the promotion of mental health and wellbeing. Teachers present a high risk of professional stress, which negatively impacts their mental health and professional performance. In addition, there is a high prevalence of mental health problems in the school context, involving both teachers and students. Therefore it is crucial to promote adaptive cognitive and emotional processes that support teachers in dealing with the challenges of the school context and promote their mental wellbeing. This study aims at testing the effectiveness of the Compassionate Schools Program, a six module compassionate mind training (CMT) group intervention for teachers to improve wellbeing and mental health.
Methods.– A pilot study was conducted in a sample of 41 teachers, employing a mixed-measures quantitative and qualitative design.
Results.– Regarding qualitative assessment, the CMT intervention was well received. Furthermore, results revealed that there were significant decreases in depression, stress, and fears of compassion to others, as well as significant increases in compassion to others, self-compassion, and compassionate motivations and actions after the CMT intervention. When self-criticism was controlled for, a decrease in burnout and an increase in satisfaction with teachers' life were additionally found.
Conclusions.– As a pilot study, our results demonstrate the possible benefits of CMT in education settings and suggest that the Compassionate Schools intervention is effective to promote teachers' mental health, wellbeing and emotion regulation skills.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0660

Current status of micronutrient research in psychiatry for promotion of mental health

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Background and aims.– Optimal nutrition and even super-saturation of enzymes with cofactors has been proposed to be relevant for mental health. Increasing cofactor concentration has the affect of shifting the Michaelis-Menton coefficient such that inefficient enzymes can become efficient. A literature has begun to develop on the use of high-dose, high-potency micronutrients in psychiatric conditions. Previous research by the authors has shown equivalence of high potency, high dose micronutrients to risperidone for behavioral symptoms of autism and that patients with psychosis can function well on statistically significantly lower doses of medication than their counterparts who are not receiving micronutrients. This presentation presents the results of an open label clinical trial and describes an ongoing double-blind, randomized controlled trial for bipolar disorder.
Methods.– Patients with confirmed bipolar disorder at a rural primary care clinic in Northern New England, USA, were offered the opportunity to participate in a study of micronutrient supplementation to their standard care. Patients joining the trial were compared to all other patients in the clinic. A composite *z*-score was calculated based upon medication reduction, clinical global impression (CGI) ratings, and side effects experienced.
Results.– Patients on micronutrients scored statistically significantly better on their composite z-scores than the comparison population. Medication doses were lowered on average with fewer side effects and better CGI scores. This led to the design of a double-blinded, randomized, controlled trial which is now ongoing.
Conclusions.– Supplementation with micronutrients (including omega-3 fatty acids) may allow improved functioning with better quality of life and fewer side effects for patients with bipolar disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0662

Anger and anger expression styles in nurses

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Background and aims.– The anger and expression of nurses are an important issue in terms of individual and work environment. Control of anger depends on the definition of anger and knowing how it is triggered.
The aim of this study was to determine the factors affecting the anger of nurses and to investigate the relationship between these factors and their anger.
Methods.– This cross-sectional study was conducted with 319 nurses who had no psychiatric diagnosis and volunteered to participate into the study from two education and research hospitals in Istanbul in 2017. The data were collected by Personal Information Questionnaire and Trait Anger - Anger Expression Scale.
Results.– According to the findings, the level of trait anger in nurses was on the middle level. They were keeping it inside rather than expressing, and they were feel that successful in anger management. The nurses with undergraduate degrees had higher "trait anger" than the nurses with other degrees; additionally, those who had a balanced income level and those with children had lower trait anger, and they more rarely expressed it. Married ones express their anger less than single ones. Nurses consider some situations as source of anger, such as "non-compliance to the rules by patients' relatives", "working with insufficient equipment", "being responsible for a large number of patients at the same time", "underestimating what they do", in the work environment.
Conclusions.– It was found that nurses seemed aware of how they coping with their anger and how express their anger correctly.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0663

Making sense of suicide-related knowledge and skills in a sample of health professionals and students

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Background and aims.– To examine the association between gatekeeper training and suicide-related knowledge among a diverse set of health care workers (psychiatrists, nurses, psychologists, and educators) and students enrolled in medical and psychological schools who took part in the International Symposium on Suicidology and Public Health 2015-2017 conferences.
Methods.– 670 (511 women) health care workers (psychologists > psychiatrists > nurses > educators > Other) and students were administered the Suicide Knowledge and Skills Questionnaire (SNSQ; Smith et al., 2014), a 13-item survey questionnaire assessing participants' knowledge about suicidal behavior and comfort dealing with suicidal clients.
Results.– 44.5% of health care workers who gave a valid answer reported a past patient suicide behavior (psychiatrists > educators > nurses > psychologists > others). In 67.5% of the times, the suicide behavior occurred in a setting other than the psychiatric department (22.1%) or a private setting (10.1%). Health care workers who reported a suicide among their patients reported negative consequences (anger > guilty feelings > poor self-esteem) from having experienced a suicide among their patients. Around 30% of the health care workers reported to be confident in their skills (32.9%), training (28.4%), or support/supervision they receive (29.4%) when treating a patient at risk of suicide.
Conclusions.– Suicide assessment knowledge should be part of continuing education activities of health care professionals as well as be part of education curricula of students of medical and psychological schools. Differences exist between analyzed groups, which may help in tailoring suicide prevention education in different settings.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0664

Help-seeking in the young adult community

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Background and aims.– Missing or delayed help-seeking has been repeatedly associated with negative outcome of mental disorders. Insufficient knowledge about mental disorders and their treatment, i.e., insufficient mental health literacy, as well as negative attitudes towards persons with mental disorders and, more importantly, towards mental health services were reported to contribute to delayed help-seeking. We examined (I) the clinical predictors of help-seeking for mental problems; (II) the differential influence of type of stigma and causal models of mental disorders on help-seeking for mental disorders; and (III) self-reported reasons for delays in help-seeking in the community.
Methods.– Analysing cross-sectional data of the Bern Epidemiological At-Risk (BEAR) study (baseline: $N = 2683$, age 16–40 years, response rate: 63.4%) assessed in a telephone survey by well-trained clinical psychologists.
Results.– Structural equation modelling revealed that functional deficits as well as a psychosocial causal model of mental disorders and positive attitude towards help-seeking were positively associated with help-seeking. Main reasons for delaying help-seeking were hope for spontaneous remission and the consideration of problems as not serious.
Conclusions.– The results will be discussed in relation to each other and with regard to their implications for the design of campaigns to promote earlier help-seeking.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0669

National program reform of mental health care in Poland. Pilot study

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Background and aims.– Reform of Polish psychiatry started in 1972 and unfortunately stopped a few years later. It was not before 1994 when the Mental Health Act was passed assuring due rights to patients, but not regulating transformation from the large hospital-based treatment model to the community model. Subsequent legal act in 2008 provided a statutory basis for the National Programme of Mental Health Care (NPoMHC).
First edition of NPoMHC for the years 2011–2015 was implemented merely in 10%, and only the second edition of NPoMHC for the years 2017–2022 made it possible to prepare a three-year pilot project in 29 selected regions in Poland.
Methods.– The most important task of the programme is to establish Mental Health Centers (MHC) that provide comprehensive psychiatric care (emergency, outpatient services, home treatment, day treatment and hospital care) for adult population living in the area from 50 to 200 thousand inhabitants.
Results.– The pilot project will cover around 3 million (8%) of Poland's population. According to the experts, a gradual shift from the 'large hospital' to community psychiatry model remains in line with the directions of mental health reforms observed in developed countries, as well as with the guidelines proposed by the EPA.
Conclusions.– Polish Ministry of Health has ensured that 'the improvement of the situation in mental health care is considered a priority.' Polish National Health Fund plans to increase expenditure on mental health care because at present it amounts to 3,4% of the total healthcare budget and remains far behind the average expenditure in other European countries.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0670

Mental health law in Russia

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Background and aims.– Both the absence and presence of mental health legislation present risks for people with mental disorders. Most recently, the UN special rapporteur on disability has decreed that all mental health specific legislation leading to restriction is discriminatory. On the other hand, up-to-date research data suggest that, for example, duration of untreated psychosis should be as short as possible to prevent neurological damage and its consequences. Therefore, mental health legislation might weight carefully the ratio between rights of patients and the specificity of mental disorders known for the lack of disease awareness.

The presentation will focus on mental health law in Russia as an example of ethical challenge solution.
Methods.– The historical background of mental health law creation and the critical analysis of its strengths and weaknesses will be presented.
Results.– mental health law in Russia was introduced in 1992 and has a status of federal act. Special attention is payed to terms of mental care provision especially involuntary care, which can be implemented only upon court order and the decision of three psychiatrists' commission. Patients, their relatives and defense attorney can take part in the court session. Only psychiatrists have the right to diagnose and treat mental disorders, this article of the law nowadays leads to difficulties in the involvement of general practitioners in the treatment of common mental disorders.
Conclusions.– mental health legislation in Russia protect people with mental disorders from the detriment to their human rights; further efforts should be done to achieve the parity between physical and mental health.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0671

Neo-liberalising mental health in France: studying the official French texts on mental health since 2005

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Background and aims.– Research has shown that mental health-care policies aimed at achieving autonomy and integration for people with mental disorders, through a community-based system, have been developing all over the word. Critics working from a governmentality perspective have argued that these changes are associated with technologies named as "advanced liberal". In France however, there is no systematic work on this development. In this study, we have analysed the main texts published by the French Ministry of Health since 2005, in order to explore the evolution of discourses on citizenship and identify whether there is an application of "advanced liberal" discourses and technologies in mental health planning.
Methods.– A mixture of inductive thematic analysis and critical discourse analysis have been applied to the corpus, in relation to our objectives.
Results.– Our analysis has shown a clear transition from the national towards a territorial, local planning, and what has been called "government through community". Furthermore, the objectives of autonomisation, responsibilisation and self-management of users have become increasingly central, in a context in which mental health is presented in a de-socialized way, followed by recognition of users' rights and social inclusion and the fight against the stigma of mental disorders.
Conclusions.– We conclude by arguing for the need for empirical research that identifies tensions in discourses and practices in the field, where mental health policies are translated into mental health projects and practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0673

Involuntary commitment to an inpatient service in Portugal - sociodemographic and clinical characterization of patients admitted in 2017

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Background and aims.– In Portugal, Involuntary Commitment is an exceptional measure, reserved for patients with severe mental illness who refuse treatment and pose danger to themselves or others, established by the Mental Health Law of 1998. Mental Health Services have started to prioritize community-based services, in detriment of institutionalization. This contrasts with the increase of involuntary admissions in the majority of European countries. In Portugal, the amount of data is scarce, and limited to few epidemiological studies.
We aim to establish the sociodemographic and clinical characterization of patients admitted involuntarily to an inpatient service in Vila Nova de Gaia (Portugal).
Methods.– We conducted a descriptive analysis of all patients admitted involuntarily in the year 2017 and a non systematic review of literature.
Results.– In 2017, we had 203 involuntary admissions. Most were male (60,6%), aged less than 54 years (84,7%), non married (68,5%), with up to 12 years of schooling (65,5%) and currently unemployed (42,4%) or receiving a disability pension (23,2%). The majority was already accompanied in outpatient services (73,9%) and had history of prior admissions (55,2%). The main cause for admission was psychosis (51,2%), and the most frequent diagnoses at discharge were schizophrenia, schizotypal and delusional disorders (51,7%).
Conclusions.– The sociodemographic profile of patients in our sample is aligned with previous findings at a national and european level. Most were admitted for psychotic disorders, but also for mood disorders, personality disorders, dementia, and mental retardation. Further studies are needed to characterize patients commited involuntarily and to assess their needs in terms of treatment and social integration.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0674

Psychiatry in transition: exemplar case studies from Italy and Bulgaria

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Background and aims.– After suffering the long term consequences of institutionalized care of the asylum psychiatry and following the introduction of modern treatment and rehabilitation technologies in the second half of the XX century there were attempts for reforming psychiatric systems by introducing of new, complex and more humane forms of mental health care delivery.
This report will explore the comparative experiences from periods of transition in two South European counties and will draw perspectives on the possible improvement of the psychiatric services.
Methods.– Methods of historical reconstruction and public health analysis were employed.
Results.– The reform of mental health care in Italy started with the Mental Health Care Act in 1978 and triggered a 25 years

of period in transition from hospital based to community based mental health care. It has been subjected to controversial commentaries due to concerns about the overall social and public health impact. Attempts for reform in Bulgarian psychiatry started in 1996–2002 with political declarations for de-institutionalization. In result however it achieved a reduction of hospital beds without establishing any effective alternative model of community system. No separate Mental Health Care Act has been introduced on the legislative level. As a consequence psychiatry in Bulgaria has been heavily marginalized from the health and social care systems and lacks adequate human and funding resources.
Conclusions.– The described models of transition suffer from different shortcomings. New model for reform in psychiatric care is called for in countries from South European region.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0675

Recommendations for mental health service users' and carers' empowerment in mental health: a participatory research

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Background and aims.– The French WHO collaborating centre for mental health research and training organized two international congresses, in 2014 and 2018, that have gathered 400 and 650 participants. Both congresses were dedicated to empowerment of users in mental health, with a special focus on e-mental health for the second one.
During them, we solicited stakeholders (users, carers, health professionals, policy-makers and researchers) in order to draw a list of prioritized recommendations for empowerment of users and carers in mental health care and research.
Methods.– During the first congress, recommendations were collected from speakers and participants. These recommendations were grouped and reformulated through an iterative process with stakeholders panel and focus groups.
In 2018 congress, recommendations were also asked to every speaker and participant. They were categorized into the recommendations of 2014 or new ones when necessary by three independent researchers.
The list of recommendations was finally sent to all participants of both congresses and other international stakeholders for a prioritization survey based on the feasibility and importance of each recommendation.
Results.– The first process collected 200 material from stakeholders that ended up in a list of 21 recommendations covering three areas: Protection of Human Rights; Participation in the organization and evaluation of services; Information and communication. Gaps of priorities for each kind of stakeholder arose.
Coding and prioritization of the recommendations from the 2018 congress is on-going but results will be ready for EPA 2019.
Conclusions.– Even though empowerment of users and carers is a common claim, its implementation needs practical recommendations built and approved by them.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Migration and Mental health of Immigrants

E-PP0678

Interdisciplinary treatment and complex rehabilitation of internally displaced persons with comorbid menthal and somatic disorders

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Background and aims.– Screening of IDPs' mental health who sought medical help in somatic clinic (University clinic KhNMU) and estimation of efficiency of interdisciplinary treatment and complex rehabilitation.
In the University Clinic asked 156 people displaced from areas of Lugansk and Donetsk regions. Only 65 of them had official status of IDPs. Reasons treatment all patients were somatic complaints. In screening using the scale hospital all patients were found higher rates of anxiety and depression. 48% of patients abandoned psychiatric examination, even 24% of psychological counseling.
Methods.– Psychodiagnostical, clinical-psychological, clinical and psychopathological.
Results.– Clinical examination during the period of acute stress reactions was observed, dominated by anxiety disorders, prolonged depressive reaction. Anxiety disorders were found in 56.5%, prolonged depressive reaction in 32.0%, post-traumatic stress disorder in 10.5% of patients. Psychosomatic disorders were 80% of patients. The treatment of the underlying disease, complex psychological and physical rehabilitation. Psychological rehabilitation included CBT, relaxation, art therapy. Physical rehabilitation includes kinesiotherapy and TRE. A set of measures of physical rehabilitation for 14 days led to reduction of anxiety to physiological levels in all mentally healthy patients, reduce the severity of psychosomatic symptoms in the structure of the underlying disease, increased satisfaction with the results of treatment by 28.5%.
Conclusions.– Analysis of Mental Health study of IDPs and evaluation of comprehensive rehabilitation in terms of the University Clinic show the need for screening mental state when applying for medical assistance and the desirability of psychological and physical rehabilitation of patients during hospital stay somatic profile.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0680

Exploring the association between migration and non-affective psychosis: a narrative review

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Background and aims.– The association between migration and psychosis has been described in several countries and backgrounds. Vulnerability varies according to individual features, migration context and host country. To date, several models tried to elucidate the etiopathogenesis of psychosis in this population. Our aim was to

review the existing models on the etiopathogenesis of non-affective psychotic disorders in migrants.
Methods.– A critical review of relevant studies published in the last 10 years.
Results.– The Selective Migration hypothesis posits that increased rates of psychosis among migrants are due to the selective migration of predisposed individuals. A Socio-Developmental Model hypothesizes that exposure to adversity interacts with genetic susceptibility, disrupting normal neurodevelopment and creating an enduring liability to psychosis. Discrimination, as a model of social adversity, was found to induce delusional persecutory ideation. Similarly, the process of Westernization often leads to a breakdown of previously stablished world views, enhancing psychosis risk in genetically predisposed individuals. Adding to this theories, refugees present higher rates of psychosis; they are more likely to experience traumatic situations in their migration path: pre-migration political conflicts and violence, dangerous migration trajectories and forced family separation. In the host country, common stressors include uncertainty about asylum, unemployment and social exclusion.
Conclusions.– The increased incidence of non-affective psychotic disorders among migrants has been attributed to a complex interaction between genetic factors and distress. With the unprecedented levels of global humanitarian crises, elucidation of the etiopathogenesis and detection of early signs of psychosis in this population might favour improved mental health policies worldwide.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0681

Involuntary psychiatric treatment of first generation immigrants with acute mental disorders in Italy. The role of forced migration

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Background and aims.– Migration is a risk factor for the development of mental disorders. Immigrants in Europe appear at higher risk of psychiatric coercive interventions. Reasons include cultural, ethnic and language differences leading to communication problems between immigrants and mental health professionals. Aim of the study is to explore clinical and migratory factors associated with involuntary treatment in a sample of first generation immigrants.
Methods.– Socio-demographic, clinical and migratory variables were collected and compared with age- gender- and DSM-IV diagnosis-matched sample of native patients. Brief Psychiatric Rating Scale and Clinical Global Impression scale were administered.
Results.– 117 immigrated patients were compared to 117 natives. Involuntary treatment rates were not significantly different in immigrants as compared to controls (32% vs 24%). Among immigrants, asylum seekers were involuntary admitted more frequently than economic of family reasons immigrants (50% vs 27%; $p = 0.04$). The length of stay in Italy appears to be a protective factor against involuntary treatment: 56% of patients in Italy from less than 2 years, 34% of those from 2 to 5 years and 23% from more than 5 year were admitted involuntarily ($p = 0.03$).
Conclusions.– Recently immigrated asylum seekers with an acute mental disorder appear at risk of involuntary treatment. Since coercive interventions can be traumatic and can affect outcomes, strategies to prevent this phenomenon are needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0683

Mental health needs of french immigrants in Canada

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Background and aims.– Immigrants and refugees are at higher risk for mental health problems having many personal and social factors associated with immigration.
This study's purpose was to examine the perspective of Francophone immigrants with respect to their needs, access to services and use of emotional support.
Methods.– Face to face interviews were conducted with 60 newcomers from Winnipeg, Saskatoon and Ottawa, cities with French minority groups.
Results.– When integrating Canadian society, in a minority linguistic context, Francophone immigrants face social isolation partly related to language. Language barrier has a significant impact on employability. Challenges facing Francophone immigrants have an impact on their emotional well-being. Family, friends, religious and cultural communities play a key role in emotional support. Language and cultural adaptation were determining factor in assessing the quality of services received by newcomers. Main recommendations would be to better inform immigrants of realities of living environments in minority linguistic context, emotional health and well-being, services offered in the official language of their choice and benefits of formal services use. Increase the provision of emotional support services for newcomers and tailor services to specific needs of subpopulations, including men, the elderly, students and those with young children. Finally, the lack of cultural sensitivity is felt in the health system organization, with limited access to services in the official minority language and to professionals from various ethno-cultural backgrounds.
Conclusions.– Better integrate support services, both in health institutions and community services, religious authorities, and community leaders by creating partnerships between stakeholders working within these services.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0684

Migrant patients and first episode psychosis: an observational study in an acute patient unit

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Background and aims.– The mental health of migrant population is an increasing study field.
The aim of this study is to compare sociodemographic and clinical variables between migrant and native patients.
Methods.– A total of 101 First Episode Psychosis 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 sociodemographic and clinical characteristics were collected retrospectively from case notes.
Results.– The migrant group represented 33% ($N = 33$) of the patients admitted. The average age was 36 for the migrant group and 34 for the native group. The percentage of male patients was higher in both groups: 52% ($N = 17$) in the migrant and 54% ($N = 37$) in the native group. In both groups, the majority of patients were single and unemployed.
The most frequent diagnosis was F29 – Psychosis NOS (not otherwise specified), according to the ICD-10, which constituted the

diagnosis of discharge of 52% ($N = 17$) of patients in the migrant group and 31% ($N = 21$) of patients in the native group. Compulsory admission was 48% ($N = 16$) in the migrant group and 50% ($N = 34$) in the native group. The duration of untreated psychosis was 59 weeks for the migrant group and 36 weeks for the native group.
Conclusions.– Sociodemographic variables were similar in migrant and native groups. No relevant differences were found in the proportion of involuntary treatment between migrant and native patients. Migrant patients had a higher duration of untreated psychosis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Neuroimaging/Neuroscience in Psychiatry - Part I

E-PP0687

Imaging findings in patients with clozapine-associated obsessive compulsive symptoms

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Background and aims.– This study aimed to compare the cognitive functions and cerebral structural changes in patients who exhibited and not exhibited obsessive compulsive symptoms (OCS) after clozapine treatment with healthy controls.
Methods.– Nine patients who developed OCS after clozapine (Clz + OCS), 9 patients who didn't exhibit OCS after clozapine (Clz – OCS) and 9 age, sex, education matched controls were studied. Patients were assessed using Positive and Negative Syndrome Scale (PANSS), Yale-Brown Obsession and Compulsion Scale (YBOCS), neurocognitive test battery and Diffusor Tensor Imaging (DTI). The control group was assessed using neurocognitive test battery and DTI. Analysis of the imaging data was performed using region of interest method; corpus callosum, left and right ALIC, cingulum and thalamus were examined, and fractional anisotropy (FA) values were measured.
Results.– The total number of hospitalizations, PANSS positive and general psychopathology sub-scores were significantly higher in the Clz + OCS group compared to Clz – OCS. The three groups had no significant difference with respect to the FA values of the examined brain regions. In the Clz + OCS group, total YBOCS scores were correlated positively with corpus callosum and negatively with left cingulum FA values. The Clz + OCS group significantly outperformed Clz – OCS in Controlled Oral Word Association Tests and Digit Span Forward tests.
Conclusions.– Better cognitive functions such as attention in this group may be considered as the cause or the result of the accompanying obsessive compulsive symptoms. The relationship between the severity of OCS and FA values of certain brain regions emphasizes the importance of microstructural changes in these regions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0689

Neuroticism and resilience - a MRI study on the neuroanatomcial correlates

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Background and aims.– Neuroticism and resilience are two poles of the humans' constitution mediating risk for psychiatric illness. However, little is known about the brain morphological underpinnings of these variables. Thus, we performed a MRI study exploring potential correlations of psychometric neuroticism and resilience in a large cohort of healthy subjects.
Methods.– We investigated potential relationships between cortical thickness and cortical folding and the magnitude of neuroticism (NEO-FFI) and resilience (Wagnild and Young 1993). FreeSurfer was used to analyze the obtained high resolution 3 T MRI scans in more than 100 participants.
Results.– We demonstrate significant correlations between neuroticism and cortical folding in the left DLPFC (Schultz et al., 2017) and with resilience and cortical thickness in a right hemispherical cluster incorporating the lateral occipital cortex, the fusiform gyrus, the inferior parietal cortex as well as the middle and inferior temporal cortex.
Conclusions.– Functionally relevant cortical regions were found to be associated with the magnitude of psychometric neuroticism and resilience. Our findings indicate that structural variations of the DLPFC might be involved in the modulation of neuroticism, moreover cortical thickness variations in cortical regions engaged in the processing of stress and trauma might be relevant for modulating resilience regarding psychiatric illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0690

Structural neuroimaging in depression: results from voxel based morphometry study

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Background and aims.– Voxel Based Morphometry (VBM) is a new promising technique that compare different patients' brains on a voxel-by-voxel basis after deformation fields have been used to spatially normalize the images. The method is used to detect differences in the density of the brain tissue, and present the results quantitatively.
The aim of our study is to present our experience in the field of VBM of grey matter reduction in patients with depressive disorders.
Methods.– For the present study we recruited fifty adult subjects complying with the DSM-IV-TR criteria for depressive episode of major depressive disorder/bipolar disorder and forty-two age and sex matched healthy controls.
High resolution structural scans were obtained from all participants on a 3T MRI system. MRI data were analysed using the SPM 12 software running on MATLAB R2017 for Windows and the CAT 12 toolbox implemented in SPM.
Results.– We performed two sample t-test on the grey matter images with a total intracranial volume as co-variable. The level

of significance was set to $p > 0.05$ false discovery rate corrected and an extent threshold of 36 voxels per cluster. The contrast between controls and patients yielded significant differences in clusters encompassing left medial frontal (MFC) and anterior cingulate cortex (ACC) as well as right frontal and temporal regions. The reverse contrast exploration did not produce any surviving significant clusters.
Conclusions.– There has been confirmed significant reduction of grey matter volume in specific regions in patients with depressive disorder when compared to healthy controls.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0691

Occipital bending and mental illness

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Background and aims.– Global hemispheric asymmetry and abnormalities in brain lateralization have been suspected to be present in psychiatric disorders. The phenomenon of occipital lobe torquing has been named occipital bending. There have been studies accessing the existence of an association between occipital bending and mental illnesses. The purpose of this review is to investigate which mental disorders are associated with occipital bending.
Methods.– Medline was screened through September 2018. Studies accessing occipital bending or the "occipital component" of human brain torque or Yakovlevian torque in any mental disorder were eligible. In addition reference lists of identified original articles or reviews were searched manually. Studies that were not written in english or portuguese were excluded.
Results.– Five studies including 317 patients (166 controls, 51 patients with depression, 65 with schizophrenia and 35 with bipolar depression) were included. Occipital bending was more prevalent in patients with any of these psychiatric disorders when compared with controls.
Conclusions.– This literature review found evidence in favor of an association between occipital bending and psychiatric illness. These structural changes seem to be present in affective and psychotic disorders and also, in a much lesser extent, in healthy subjects. More studies should be made to better understand what's the exact relation between occipital bending and psychiatric disorders and how much it contributes to the disease process.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0692

White matter microstructure and cortical thickness in individuals at familial risk for affective disorders and schizophrenia

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Background and aims.– The analysis of neuroanatomical profile in the familial risk group is a highly informative approach to the study of endophenotype of the disease.
Objectives.– The aim was to determine the brain structural characteristics in unaffected first degree relatives (FDR) of patients with affective disorders and schizophrenia.
Methods.– 13 young mentally healthy FDR of patients with affective disorders (F31–33) and 13 – of patients with schizophrenia (F20) as well as two corresponding age and sex matched control groups (without family history of mental disorders) underwent structural MRI and diffusion weighted MRI at 3T Philips scanner. Surface-based morphometry and tractography methods using FreeSurfer 5.3.0 and TRACULA algorithms were applied to investigate cerebral cortex anatomy and white matter microstructure.
Results.– Neuroanatomical alterations have been found only in the relatives of patients with schizophrenia. The group was characterized by increased radial diffusion (anterior thalamic radiation and uncinate fascicles of both hemispheres; right superior longitudinal fascicle), decreased fractional anisotropy (right anterior thalamic radiation, uncinate fascicles of both hemispheres, temporal part of right superior longitudinal fascicle) and increased grey matter thickness in a medial part of the left superior frontal gyrus.
Conclusions.– The findings suggest that the familial high risk of schizophrenia might be associated with an altered trajectory of brain development. However whether it is pathological or compensatory processes remains to be elucidated via further longitudinal research.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0693

Functional neuroimaging of hypochondriacal attitude: a pilot study

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Background and aims.– Hypochondria is a key mechanism in somatoform disorders. The neural mechanisms underlying this important phenomenon are unknown. The study aims to develop a functional neuroimaging technique allowing investigation of the brain mechanisms underlying hypochondriacal attitude.
Methods.– We developed an original modification of a classical heartbeat detection task (interoceptive condition — listening to heartbeat, vs. control exteroceptive condition — listening to audial tones) implemented in the fMRI setting. During the interoceptive condition, a false feedback was presented on the screen: green or red indicator. The participants were told that green indicates resting heartbeat and red indicates fast heartbeat (see figure). In fact, the color was changing in random order. Six volunteers entered the pilot study.
Results.– During the "green" heartbeat detection condition (positive false feedback), a classical pattern of interoceptive activation was observed, involving anterior insula and supplementary motor area. Negative false feedback (red indicator) resulted in activation of orbitofrontal cortex and amygdala ("the fear network"). Thus, false beliefs about incorrect functioning of the body resulted in activation of fear-related areas and inhibition of interoceptive processing. This effect may have similarities with the brain-level mechanisms of hypochondria.
Conclusions.– The pilot study demonstrates feasibility of functional neuroimaging in investigation of hypochondria.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0694

Are there changes in functional connectome after one year from the onset of psychosis? Longitudinal resting state functional MRI connectivity study

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Background and aims.– The latest research in schizophrenia mainly focuses on the period during the first occurence of psychotic symptoms, when the progressive reduction of gray matter was observed. Structural changes could be mirrored in resting state functional connectivity of the brain. The aim of our study was: firstly, to compare functional connectome (rsFC) in patients with first episode of psychosis (FEP) and healthy controls (HC); secondly, to explore rsFC in both groups longitudinally.
Methods.– We obtained resting state functional and structural scans of FEP $N = 25$ ($M = 12$; Age 28, 24+/−7,7) and HCN = 26 ($M = 14$; Age 29, 23+/−5,70). We have explored the rsFC of both groups at the baseline and after one year. For analysis we chose 32 seeds representing functional networks. Threshold set at $p > 0{,}05$ FDRcorr.
Results.– We found no differences comparing patients and controls neither at the baseline, nor after one year follow-up. The comparison in FEP at the baseline and one year after revealed a hyperconnectivity between Default Mode Network (DMN) and Salience Network (SN) ($p = 0.0228$), a hyperconnectivity between SN and Dorsal Attention Network ($p = 0.0287$) and a hypoconnectivity between DMN and Frontal Parietal Network ($p = 0.0466$). During follow up in HC we observed a hyperconnectivity between SN and Cerebellar Anterior Network ($p = 0.0203$) and between anterior and posterior parts of the SN ($p = 0.0409$).
Conclusions.– Our study did not show any differences neither at the baseline, nor after one year follow-up in rsFC between HC and FEP. Our longitudinal analysis showed differences in both groups. The differences were found mainly in networks responsible for cognitive control and saliency.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0695

Searching for origins of sex differences that underlie mental health disorders: are sex differences in brain connectivity evident in humans before birth?

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Background and aims.– Prevalence of psychiatric disorders differs in males and females, and neurological studies suggest that sex-linked variation in the brain may underlie this dissociation. However, the origin of this difference, and how early in human life sexual dimorphism in brain function emerges is a topic that requires further investigation. Here, we address this gap by assessing brain resting-state functional connectivity (RSFC) between and within brain networks as it relates to fetal sex and gestational age (GA).
Methods.– We examined 118 typical human fetuses (70 male; 48 female) between 25.9 and 39.6 weeks GA. Infomap was used to derive 16 separable fetal neural networks distributed across cortical, subcortical, and cerebellar regions. Using enrichment analysis, we identified network pairs revealing distinct patterns of GA-related change in males and females.
Results.– Sex-dependent variation of between- and within- network RSFC-GA associations was observed: while females exhibited GA-related variation in connectivity between posterior cingulate and temporal pole regions, and between pre-frontal and cerebellar regions, males demonstrated increased intracerebellar RSFC with advancing age.
Conclusions.– Such observations confirm that sex-related differences in functional brain development are present before birth. An important next step in this line of research will be to follow children across early development and discover how sex-related variation in network development relates to future health outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0696

Altered frontal function during sensory gating in panic disorder: an MEG study

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Background and aims.– There is increasing evidence that patients with panic disorder (PD) exhibit abnormality in early-stages information processing, even for the non-threatening stimuli. A previous EEG study revealed that PD patients had a deficit in sensory gating (SG), a protective mechanism of the brain to filter out irrelevant sensory inputs. However, the neural correlates of SG deficits in PD are poorly understood. Thus, we aimed to elucidate the neural generators of SG deficits in PD, and to examine whether SG abnormality, if any, would be associated with clinical manifestations.
Methods.– This study recruited 18 PD patients and 20 age-, gender-matched healthy controls to perform auditory paired-stimulus paradigm by using magnetoencephalographic (MEG) recordings.
Results.– Compared to control group, PD patients demonstrated significantly higher M50 SG ratios in the right inferior frontal gyrus (RIFG) ($p = 0.002$), and higher M100 SG ratios in both RIFG ($p = 0.018$) and right superior temporal gyrus (RSTG) ($p = 0.027$). It was important to note that in the RIFG, M50 SG ratios were correlated with Body Sensation Questionnaire (BSQ) ($p = 0.003$), and with Distractibility category of Sensory Gating Inventory ($p = 0.038$) among the studying PD patients.
Conclusions.– Our data suggested that PD patients showed deficient ability to filter out repetitive, irrelevant information, and such defect in early-stage information processing might lead to a detrimental effect on behavioral and cognitive performance.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0697

Transient and diagnostic specific elevated free-water in the brain of first-episode subjects

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Background and aims.– Recent diffusion imaging studies have shown higher free-water (FW) in gray matter (GM) and white matter (WM) in psychosis (Pasternak 2012). Although FW has been related to immune pathological processes, little is known about the stability and significance of these findings.
Methods.– To determine tissue-specific FW abnormalities in first-episode psychosis (FEP), as part of the multi-center PEPs study, 132 FEP and 108 HC were scanned and clinically assessed. Among them, 45 FEP and 41 HC were longitudinally assessed and rescanned after two years. FEPs were classified as schizophrenia spectrum disorder (SSD) or non-SSD. Using scalar tissue-specific averages, voxel-wise analysis in skeletonised WM and vertex-wise analysis in GM surface, FA and FW were cross-sectionally and longitudinally compared between groups.
Results.– SSD and non-SSD subjects showed higher baseline FW in temporal and frontal regions of the GM surface and in whole GM average (p.adj (SSD vs. HC) = 0.003, p.adj (Non-SSD vs. HC) = 0.040). SSD, but not non-SSD, showed a) higher FW in several WM tracts and in whole WM (p.adj (SSD vs. HC) = 0.049) and b) a significant FW decrease over time in right temporal regions of GM surface and in whole GM average (p.adj = 0.011). See Figure 1.

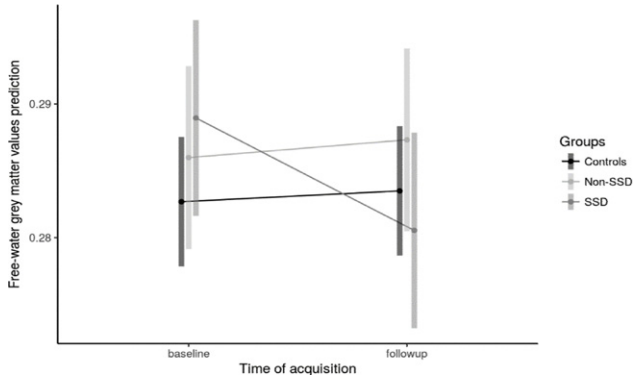


Figure 1. Free-water in gray matter as baseline and follow-up by group.

Conclusions.– Extracellular free-water in the brain is a reliable finding in FEP, and in SSD appears to decrease over the early course of the illness. Could it be antipsychotics?
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E-PP0698

How a disease burden affects the organization of neural networks in schizophrenia?

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Background and aims.– The hypothetical impact of factors associated with mental disease burden (e.g. duration of the illness, prolonged pharmacological treatment, consolidating and deepening of the psychopathological symptoms) on the organization of neural networks in schizophrenia (SZ) patients has not beign fully elucidated so far. Therefore, the aim of this study was to compare the structures of the neural networks between two groups of SZ patients significantly different in mentioned aspects of disease burden.
Methods.– Two group of SZ patients participated in the study: a first-episode subjects and a group of patients with illness duration longer than 5 years and at least three psychotic relapses requiring psychiatric hospitalizations. All participants were assessed with resting-state EEG to estimate functional connectivity with the phase lag index algorithm and the minimum spanning tree (MST) for the characterization of network topology.
Results.– The comparison of networks architecture in the studied groups revealed significant between-group differences in betweenness centrality and tree hierarchy in the beta-band and hierarchy in the gamma-band. MST results indicated that in the beta band the network of patients more burdened with the psychotic disease was characterized by more centralized network, compared with first-episode sample which showed more decentralized topology. Groups differed also in the topological displacement of hubs over the cortical surface.
Conclusions.– Obtained results suggest that prolonged mental illness affect the organization and topological features of the neural networks leading to more severe pathologies in efficient information processing within the networks.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0700

Thalamic atrophy as a predictor of cognitive impairment in early stage of relapsing – remitting multiple sclerosis (RRMS)

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Background and aims.– Previous imaging and neuropathological studies have demonstrated thalamic involvement in multiple sclerosis. Cognitive deficits worsen the quality of life in multiple sclerosis and may be predicted by deep gray matter atrophy, especially in the thalamic region. This relationship has not been widely studied in the early stage of the disease.

The aims of this study were to: (1) assess cognitive deficits in patients with early stage relapsing-remitting multiple sclerosis (RRMS) using neuropsychological tests, (2) search for thalamic atrophy on brain MRI, (3) test for correlations between cognitive functions and volumetric parameters of thalamus.
Methods.– 60 patients (46 F, 14 M) with RRMS at an early clinical stage (median EDSS - Expanded Disability Status Scale score of 1,75) underwent neuropsychological assessment using computerized cognitive screening battery (Central Nervous System Vital Signs) and MoCa (Montreal Cognitive Assessment). Brain structures volumetry was done using automatic segmentation technique (volBrain) with 1,5T MR system acquisition. The length of the disease and the number of relapses were noted.
Results.– Psychomotor speed, reaction time and information processing speed were the most impaired cognitive functions in RRMS patients. For the three cognitive domains: psychomotor speed, complex attention and simple attention, thalamic area was the most sensitive MRI marker. Decreases of total thalamus volume were associated with overall neurocognitive status of RRMS patients.
Conclusions.– These findings suggest that thalamic atrophy is a clinically meaningful biomarker of cognitive decline in patients with early stage of RRMS.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0701

TC-99M HMPAO brain perfusion imaging in cases of resistant depression

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Background and aims.–
Introduction.– Functional brain imaging including SPECT/CT receives more and more attention in the field of psychiatry (1,2). Sometimes it is used for differential diagnosis meanly between functional disorders like major depression and psychorganic disorders like dementias. There is also accumulating data supporting meaning of functional imaging techniques in subtyping different forms of neuropsychiatric diseases (3).
Objectives.– To record and accumulate data for the brain perfusion in patients with resistant therapeutically resistant depressive episode.
Methods.– Visual analysis of SPECT/CT - Tc-99m HMPAO imaging results of a series of patients. Participants have signed an informed consent.
Results.– There is predilection for hypoperfusion in most cases in frontal and temporal areas as it was manifested on SPECT/CT images. Usually, but not exclusively this hypoperfusion was more pronounced in left hemisphere. Exact location in the lobes varies. From the abnormalities in other areas aberrations in basal ganglia were most pronounced. A case of hyperperfusion in temporal lobe in a hallucinating patient was identified.
Conclusions.– The results are in accordance with some previous SPECT data concerning depressive disorders revealing frontal and temporal abnormalities. These are preliminary data from for now relatively small group of patients with depression and neuropsychiatric diseases as a whole. Our further aim is to follow up dynamics and to use provocation techniques for a deeper understanding of brain mechanisms of disease and to compare different subgroups of depressive and other neuropsychiatric patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0702

Endophenotype of psychiatric illness and cortical hyperexcitability in a healthy human cohort

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Background and aims.– Culminating evidence points to a crucial role of neural homeostasis in maintenance of mental health. In keeping the balance between hypo- and hyperexcitability at the glutamatergic synapse plasticity related gene 1 (PRG-1) provides an important feedback loop by regulating lipid phosphate signaling. *In vitro* experiments of a partial deletion of PRG-1 have resulted in an increased excitability of the glutamatergic synapse. In vivo heterozygous PRG-1 knock-out mice show impaired capacity for sensory gating, i.e. the filtering of redundant information before relaying it to the cortex. Such deficits in sensory gating have oftentimes been associated with psychiatric disorders such as schizophrenia.
In this study we aimed at replicating the results of the mouse domain in human subjects, thus validating the animal model and linking glutamatergic hyperexcitability of the human cortex to impaired sensory gating as an endophenotype of psychiatric pathology.
Methods.– We identified heterozygous carriers of a naturally occurring but rare loss-of-function-variant of PRG-1 and invited them for a set of electrophysiological tests. These comprised a double-click-EEG- and prepulse-inhibition-EMG-paradigm.
Results.– Sensory gating was impaired in the healthy human cohort carrying the loss-of-function variant of PRG-1.
Conclusions.– The endophenotype of cortical glutamatergic hyperexcitability in healthy subjects parallels the one found in patients suffering from psychiatric illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0703

Effects of optimizing auditory stimulation paradigm on MMN amplitude in schizophrenia patients

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Background and aims.– Reduced MMN amplitude is a robust finding in schizophrenia.
Most of the studies contributing to the research on MMN in schizophrenia has applied oddball paradigms with sinusoidal tones.
The aim of this study was to investigate whether more complex stimulation can be more informative, than typical odd-

ball paradigm, to study impairment in auditory processing in schizophrenia.
Methods.– 35 patients with schizophrenia diagnosis (males = 19; 29.5 years; SD 8.4 years) and 20 controls (males = 11, 29.6years, SD 9.5 years) participated in the study. 24 patients received antipsychotic monotherapy, 12 polytherapy, 11 clozapine.
The typical oddball (with pure-sinusoidal tones and single deviant to duration increment) and multi-feature (each stimuli consists of eight harmonics) with eight different deviants developed by Pakarinen et al. (2010)) paradigms were applied.
Results.– MMNs elicited with oddball and deviants from multi-feature paradigm: frequency, location, density and added noise were significantly reduced in schizophrenia group. Effects of clozapine, polytherapy and interaction between clozapine and polytherapy were observed for multi-feature paradigm deviants (duration: clozapine vs non-clozapine: $F(1,31) = 9.3$; $p = 0.005$; brightness: mono- vs polytherapy: $F(1,31) = 5.8$, $p = 0.022$; density: clozapine vs monotherapy group: $F(1,31) = 6.1$; $p = 0.019$). No difference between pharmacotherapy groups were found for oddball duration MMN.
Conclusions.– To sum up, only amplitude of MMN elicited by multi-feature but not oddball paradigm were able to differentiate between different pharmacotherapy subgroups. Reduced amplitudes of duration, density and brightness MMN elicited by multi-feature paradigm provides insight into interaction between impaired auditory processing and responsiveness to first and second line antipsychotic treatments.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0704

The effect of psilocybin on plasticity-related genes and proteins in the rat brain

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Background and aims.– The psychedelic compound psilocybin has recently shown a large therapeutic potential for treatment-resistant depression, anxiety and addiction, in combination with psychotherapy. The supporting neurobiological mechanisms are currently not known, but have been suggested to rely on the acute induction of neuroplasticity. We aimed to capture a snapshot of this postulated "boost" in neuroplasticity by measuring immediate early genes related to synaptic plasticity, synaptic proteins and neurotrophic factors after a single administration of psilocybin. We included several different doses to determine dose-response relationships.
Methods.– Rats were given a single, intraperitoneal injection of psilocybin. Focusing on prefrontal cortex and hippocampus, we have examined levels of immediate early genes and proteins, using qPCR and Western blotting, respectively. We will isolate synaptosomal fractions and measure the expression and complex-formation of pre- and postsynaptic proteins using two-color fluorescence immunoblotting and dual immunoprecipitation, to study the acute effects of psilocybin on receptor trafficking and synaptic regulation.
Results.– Results are currently being analyzed and will be presented at the conference.
Conclusions.– Psilocybin has shown a large therapeutic potential for treating depression and has sparked a revival in the field of psychedelic research. The results from our studies will likely motivate further investigations into the signaling pathways induced by psilocybin and, in the future, help identify novel pharmacological targets for efficient treatment strategies for a range of psychiatric illnesses.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0705

A high-density ERP study of social cognition in schizophrenia and attention deficit hyperactivity disorder

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Background and aims.– Social cognition plays a key role in interpersonal relationships, and its impairment leads to fundamental changes in social behavior, and disturbed social interactions. Deficits in executive functioning are crucial in the development of social interaction problems, which characterize patients with schizophrenia and Attention Deficit Hyperactivity Disorder (ADHD).
Our aim was to investigate the neurobiological background of impairments in social cognition in schizophrenia and ADHD using brain event-related potentials (ERP).
Methods.– Participants were 21 schizophrenia and 46 ADHD patients, and 34 healthy controls, matched for age, gender and education. High-density EEGs were recorded by a 256-channel BioSemi ActiveTwo system, and P200 responses were measured while subjects performed a complex visual Go/NoGo task. Social cognition was measured by the "Reading the mind in the eyes" test (RMET). The analysis was based on random-regression hierarchical linear modeling. P200 amplitude was the dependent variable; diagnostic group and % errors on the RMET and interaction served as independent variables.
Results.– Compared to HCs, patients with schizophrenia and ADHD had significantly ($p < 0.05$) diminished ERP amplitude with a topographically-specific distribution. The amplitude reduction in ADHD was most pronounced in the temporo-parietal region. Lower ERP amplitude in the temporo-parietal region in all groups was associated with lower performance in social cognition, as measured by the %errors on the RMET.
Conclusions.– Deficits in social cognition both in schizophrenia and ADHD may be related to the abnormally reduced activity of the temporo-parietal neural networks, which have been reported to underlie social cognition impairments.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0707

Emotional modulation of early visual responses in major depression and bipolar disorder

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Background and aims.– We aimed at studying the differences in brain activity of patients with major depressive disorder (MDD) and bipolar disorder (BD), recorded in implicit emotion recognition task. Threatening stimuli activate the defensive reactions, leading to faster association between the warning and target stimuli. Our experiment was designed to elicit the unconscious expectation of neutral vs. negative emotional stimuli and analyze the ERP modulation.

Methods.– 16 patients with MDD (10 female), 16 patients with BD (8 female), and 16 healthy controls (9 female) took part in our study. The patient groups didn't differ in both Hamilton Anxiety and Depression Rating Scales. The EEG in patients was recorded before the treatment of their depressive episode was started. Participants had to sort 160 photographs as humans or animals. Half of the photographs were neutral and half were showing angry/aggressive people or animals. Simple patterns (the cues) were presented 2s prior to the pictures and their association with photographs was not explained. We recorded 128-channel EEG and analyzed the cue-elicited ERPs. The difference waves between the neutral and emotional conditions represented the emotional modulation (EM).
Results.– Our participants learned the cue-picture association unconsciously. Comparison of EMs between groups showed differences ($p < .05$) in P100 component in posterior areas between patients and healthy controls. The EM of component peaking at 170–180 ms differed between MDD and BD patients.
Conclusions.– The groups of patients were not large but comparable in their depression and anxiety rates. Unconscious emotional modulation of ERPs may be a candidate biomarker for differentiating certain kinds of psychopathology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0708

Unconscious emotional modulation of evoked electrical brain activity to warning stimulus in males with bipolar and schizotypal disorders

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Background and aims.– In our work, we investigated the emotional modulation (EM) that occurs in visual brain evoked response to warning stimulus (cue) as a result of implicit learning during which the association is established between a cue and specific image category (neutral and angry faces).
Methods.– Only male participants took part in our study: 13 patients with bipolar disorder, 11 patients with schizotypal disorder, and 51 healthy volunteers. The EEG in patients was recorded before the treatment started. Participants had to sort 160 photographs as humans or animals. Half of the photographs were neutral, and half were showing angry/aggressive people or animals. Simple patterns (the cues) were presented 2s before the pictures, and their association with photographs was not explained. We recorded 128-channel EEG and analyzed the cue-elicited ERPs. The difference waves between the neutral and emotional conditions represented the EM.
Results.– The effects of EM ($p < 0.05$) were observed in several components of the evoked visual response to the cue, starting from the early component peaking around 80 ms. For the component peaking around 200–220 ms, and in some degree also for the components peaking at 120 ms and 300 ms, the EM in patients with schizotypal disorder was similar to EM observed in controls, and the distinctions were rather quantitative. In the case of patients with bipolar disorder, we found qualitative EM differences from healthy controls.
Conclusions.– Our preliminary results (small sample size for patients) suggest more severe distortion in certain aspects of emotional processing and implicit learning in bipolar than in schizotypal disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0709

Early emotional modulation in brain activity elicited by angry faces in patients with schizotypal disorder and schizophrenia

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Background and aims.– Facial expression recognition is distorted in schizophrenia. The schizotypal disorder can be considered a mild form of schizophrenia, sharing some features but showing better preservation of prefrontal brain regions. We investigated the differences in visual brain evoked responses to neutral and angry faces in patients with schizophrenia and schizotypal disorder.
Methods.– Only male participants took part in our study: 18 patients with paranoid schizophrenia, 17 patients with schizotypal disorder, and 55 healthy volunteers. Participants had to give a differential motor response to photographs of neutral and angry/aggressive people (total of 80). We recorded 128-channel EEG and analyzed the evoked brain activity elicited by faces and facial expressions. The difference waves between the neutral and emotional conditions represented the emotional modulation (EM).
Results.– The EM ($p < 0.05$) was observed in P100 component in both patient groups but not in healthy controls. The EM in components N170, N250, and P280 was quite similar in topography on the scalp for controls and schizotypal disorder, while it was not observed in schizophrenia at these latencies. The N450 and Late Positive Complex both showed EM in controls and schizotypal disorder. In schizophrenia, the EM was found in N450 only.
Conclusions.– Our results indicate that EM in schizotypal disorder exhibits a general resemblance with EM in healthy controls at the latencies longer than 130 ms. We can suggest that certain steps of facial expression processing are preserved in schizotypal disorder. However, at the earlier latencies, the EM in schizotypal disorder has more in common with schizophrenia than with healthy controls.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0710

Cognitive improving properties of cariprazine, a dopamine D3 receptor preferring partial agonist: overview of non-clinical and clinical data

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Background and aims.– Cognitive impairment is closely linked with the severity of negative symptoms, and improvement of cognition can be beneficial in the treatment of negative symptoms of schizophrenia. Cariprazine is a potent dopamine D_3 receptor-preferring partial agonist approved by EMA and FDA for the treatment of schizophrenia, and by FDA also for bipolar mania and mixed episodes. It proved superior over risperidone in the treatment of predominant negative symptoms of schizophrenia.

The objective is to explore non-clinical and clinical features of cariprazine to improve cognitive performance of patients with schizophrenia by targeting dopamine D_3 receptors.
Methods.– Data from non-clinical *in vitro* receptor binding studies, human PET studies, *in vivo* animal studies on cognitive performance, and cariprazine clinical trials were analyzed to provide evidence of how D_3 receptor occupancy correlates with improvements in cognition in schizophrenia.
Results.– In the in vitro binding assays cariprazine displayed high affinity for human dopamine D3 and D2 receptors with about 6-8 fold selectivity for D3 receptors. In patients with schizophrenia, PET studies showed high occupancy at both D3 and D2 receptors at therapeutic doses and confirmed cariprazine's D3 occupancy and selectivity *in vivo*. In an animal model of schizophrenia cariprazine reversed the phencyclidine-induced cognitive impairment in wild-type but not in the D3 receptor knock-out mice. Cariprazine treated patients with schizophrenia showed significantly greater improvement in cognitive factor scores than placebo or risperidone treated patients.
Conclusions.– Non-clinical and clinical data confirmed that dopamine D3 receptor in vivo activity of cariprazine may strongly be involved in its cognitive improving properties.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0711

Post-infection dementia and Psychosis

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Background and aims.– There is a growing literature suggesting the possible effect of generalized infections in worsening or triggering dementia and psychosis in the elderly. The authors hypothesize that generalized and severe infections might cause dementia and psychosis in vulnerable older adults. A typical case is here described.
Methods.– The case reported refers to a 64-year old woman who developed symptoms of early dementia and psychotic depression after a major operation for moderate volume ascites and pneumoperitoneum with gastrointestinal perforation resulting in generalized sepsis. Assessments included Addenbrooke-ACE-R, brain MRI, and neuropsychiatric testing.
Results.– Brain MRI was positive for a moderate degree of small-vessel disease. Addenbrooke's ACE-III provided the following results: Total score 74/100: Attention = 18/18, Memory = 18/26, Fluency 5/14, Language = 20/26 and Visuospatial = 13/16. The case index was doubly incontinent and started misplacing objects in the kitchen, confusing the use of familiar objects, and having difficulties in word finding. Along with this presentation, she continued to have auditory-commanding hallucinations to harm herself, believing deriving from people passing by her house, delusional feelings of guilt, believing that people outside her house were gossiping about her, presenting tactile hallucinations, presuming that her food was poisoned and that one of her daughters was a fake. Although she was kept on regular Risperidone (5/mg daily) and Mirtazapine (45/mg daily) her presentation did not improve.
Conclusions.– The authors speculate that severe and generalized infections in the elderly are likely to exert a significant impact on the brain grey and white matter hence triggering irreversible dementia and psychoses in vulnerable adults.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Obsessive-Compulsive Disorder

E-PP0712

Obsessive-compulsive disorder, schizophrenia and psychosis in comorbidity with cannabinoid abuse - the history of a family 3 in 1

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Background and aims.– Although obsessive-compulsive disorder (OCD) and schizophrenia are considered distinct nosological entities, studies suggest a substantial overlap of their pathophysiology. Using as a starting point a clinical case, the authors performed a literature review on the subject in order to clarify if a family history of OCD is a risk factor for schizophrenia and other disorders of the schizophrenia spectrum.
Methods.– The analysis of the patients clinical processes and a brief review of the literature, based on the research of scientific articles, published in PubMed, between 2013 and 2018, using as keywords the terms "obsessive-compulsive", "schizophrenia", "family" and "parents".
Results.– A 25-year-old male patient, admitted in a Psychiatry service in consequence of his first psychotic episode in comorbidity with cannabinoid abuse, whose parents both had a long-standing diagnosis of schizophrenia, the maternal grandmother was diagnosed with obsessive-compulsive disorder and he was adopted in early childhood by a second degree cousin with no psychiatric history registered.
Conclusions.– The family history of this patient corroborates the conclusions described in the literature. Studies suggest that OCD, schizophrenia and other spectrum disorders of schizophrenia are based on a common genetic etiology, that a family history of OCD is associated with an increased risk of schizophrenia in the offspring and that OCD may be considered a precursor to schizophrenia. Moreover, individuals with both parents with schizophrenia have a risk of over 20% of developing the disease, and the genetic component is estimated to account for 80% of the total susceptibility to develop the disease.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0713

Cognitive functioning in patients with obsessive-compulsive personality disorder

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Background and aims.– The cognitive rigidity, preoccupation with details, need for control are the main characteristics of cognitive impairment in patients with obsessive-compulsive personality disorder (OCPD). The degree of severity of these impairments can vary depending on different factors, including, in particular, characteristics of stimulus material.
Objectives.– To research the performance of verbal and non-verbal tasks in patients with OCPD.
Methods.– Wechsler Adult Intelligence Scale, a revised form (WAIS-R). 33 patients with OCPD and 102 healthy individuals were enrolled to the study. Patients and healthy controls had an equiv-

alent educational level. Statistical significance was ascertained by Mann-Whitney U-test.
Results.– Patients with OCPD demonstrated decreases in the Performance ($p = 0.003$) and the Full Scale IQ ($p = 0.004$), the Digit span ($p = 0.008$), the Picture completion ($p = 0.0001$) and the Block design ($p = 0.001$) subtests. Reduction in the verbal subtest was associated with a shift in patients' attention from tasks instruction to thoughts of failure, strengthening of doubts of one's own performance. The diminishment of productivity in non-verbal subtests was associated with preoccupation with details that led to a long time for the right answers, which went beyond the time allocated to each item, detailed analysis of parts with difficulties in their synthesis in the whole, impossibility of revising of the work method, doubts about tasks precision often with the reversal of correct answers.
Conclusions.– Cognitive functioning in OCPD lines up with most of normative indicators in performance of verbal tasks and decreases in the case of non-verbal tasks.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0714

Treatment-resistant obsessive-compulsive disorder and neurosurgery management. A case report

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Background and aims.–
Introduction.– We present a 42-year-old man with severe obsessive-compulsive disorder (OCD) refractory to treatment of 20 years of evolution, accompanied by delirious thoughts, depressive symptoms and high anxiety. His daily routine has been limited by obsessions and compulsions (fears and repetitive thoughts, facial grimaces and muscular contractions in front of the mirror...), and he has required multiple hospitalizations and therapies (psychopharmacological, psychotherapeutic, electroconvulsive therapy), without any improvement. In July 2018, neurosurgical procedure was applied (bilateral stereotactic anterior capsulotomy).
Objectives.–To review indications and results of neurosurgery in patients with severe and refractory OCD.
Methods.– Literature review of scientific papers searching in Pubmed and Medline. We considered papers in English and Spanish.
Results.– After the surgery, the patient progressively improves the obsessive-compulsive component, and the anxiety that caused him. Then rehabilitation has started with support from Psychiatry and Neurosurgery. The final results will be checked after 6–24 months after surgery. However, the overall change observed so far is favorable.
Several studies have demonstrated the importance of assessing neurosurgery in patients with these characteristics, since there is a significant deterioration in quality of life and this surgery could result in a significant improvement of these patients.
The criteria for neurological surgery in patients diagnosed with OCD are: chronicity and presence of disabling symptoms, inability to maintain a normal life and failure of all treatments. Additionally, it is needed the consent of the patient and the reports of two independent psychiatrists indicating that the criteria are met.
Conclusions.– Surgery results seem promising so far, although more research about is needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0715

Ten-year outcomes for deep brain stimulation in severe resistant obsessive-compulsive disorder: a prospective descriptive study

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Background and aims.– Deep Brain Stimulation (DBS) is a therapeutic alternative for the treatment of patients with severe resistant Obsessive-Compulsive Disorder (OCD). DBS allows focal, reversible and adjustable neuromodulation with around 60%, and reductions in severity of symptoms around 45%1. It is generally a well-tolerated technique, with reversible adverse effects. There is little data about long-term evolution of DBS-treated patients.
Aims.– To describe long-term follow-up of a sample of OCD patients treated with DBS in the last ten years in an OCD specialized clinic in Barcelona.
Methods.– 22 patients with a DSM-IV TR diagnosis of OCD, treated with DBS for $5{,}1 \pm 3{,}4$ years (range: 2–11 years) at the OCD Clinical and Research Unit of the Hospital de Bellvitge from 2007 to 2018 were included. Sociodemographic and clinical variables were studied, with special interest on changes in OCD severity –assessed by the Y-BOCS-, quality of life and secondary side effects.
Results.– (1) See Table 1
Table 1. Sociodemographic and clinical variables.

	n=22
Age-years, mean (S.D.)a	45,1 (10,4)
Female gender, total (%)	12 (54,5)
Initial Y-BOCS score, mean (S.D.)a	35,8 (3,4)
Final Y-BOCS score, mean (S.D.)a	18,1 (8,8)
Clinical response, total (%) (reduction on Y-BOCS>35%2)	14 (63,6)

(2) Long-term side effects were generally well tolerated although 5 patients (22%) presented manic states forcing hospitalization.
(3) A significant improvement on quality of life was detected in 20 from 22 patients (90%).

Conclusions.– DBS constitutes a safe and effective therapeutic alternative in the long-term for severe resistant OCD patients. Although DBS's acute adverse effects are generally mild, transient and reversible information about the long-term management is limited.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0717

Obsessive-compulsive symptomatology in anxiety and depressive disorders: the influence of recent life events and traumatic events

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Background and aims.– In Psychiatry, comorbidity is the rule more than the exception. This study aims to evaluate the presence of obsessive-compulsive symptoms (OCS) in a sample of anxious-depressive outpatients, analysing the influence of traumatic and recent life events.
Methods.– Through an observational analytic study, a total of 200 anxious-depressive outpatients was included by consecutive sampling. Patients were evaluated during the first visit (time 1) and

after 6–12 months (time 2). The clinical assessment included: The MINI Interview, HAM-A and HAM-D, the Obsessive-Compulsive Inventory for OCS, the Dissociative Experience Scale-II, the Recent Life Changes Questionnaire and the Posttraumatic Stress Diagnostic Scale. Generalized linear mixed models (GLMMs) were used.
Results.– OCS was present in 54% of the total sample. 30.5% of the subjects reported one or more traumatic events in their lives. Moreover, 25% of the total sample reported dissociative experiences. During time 1, the presence of OCS was associated with the presence of depression ($p = 0{,}028$), traumatic events ($p = 0{,}000$), posttraumatic stress symptomatology ($p = 0{,}000$) and with the number of recent life events ($p = 0, 0001$). During time 2, the presence of OCS maintained the association with posttraumatic stress symptomatology and with the number of recent life events ($p = 0, 0001$). The presence of OCS was associated with the presence of dissociative experiences in a very robust way ($p = 0{,}000$).
Conclusions.– The presence of OCS in anxious-depressive outpatients is frequent (54%) and associated with the severity of depressive symptomatology, the presence of traumatic events and with a greater number of recent life events.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0718

Families of patients with obsessive compulsive disorder: results from an observational study

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Background and aims.– Obsessive compulsive disorder (OCD) is a severe mental disorder associated with high levels of personal, social and family burden. In particular, family members of patients with OCD report low levels of quality of life and limitations in daily functioning. However, a few studies have evaluated coping strategies adopted by relatives of patients with OCD.
Objectives.– To describe the levels of family burden and coping strategies in a sample of relatives of patients with OCD.
Methods.– In the period January-September 2018, all patients with OCD and their relatives attending the outpatient unit at the University of Campania "Luigi Vanvitelli" have been invited to participate. Validated assessment tools have been administered to patients and relatives in order to evaluate the levels of symptomatology, personal functioning, family burden and coping strategies.
Results.– The initial sample consists of 15 patients, mainly female (60%), with a mean age of 40 ± 14.5 years, employed (53%), with a mean duration of the illness of 17.3 ± 14.8 years. Patients have a poor level of personal functioning (GAF: 62.8 ± 10.6) and a moderate severity of OC symptoms (Y-BOCS:23.0 ± 7.7). Participating relatives are mainly parents (47%) or spouse (27%), with a mean age of 56 ± 12.7 years. Relatives adopt problem-oriented coping strategies, such as positive communication (3.5 ± 0.6) and patient's social involvement (3.4 ± 0.6), more frequently than emotion-focused ones, such as avoidance (1.2 ± 0.5). Relatives report low levels of objective (1.3 ± 0.5) and subjective burden (2.0 ± 0.8).
Conclusions.– Our findings should be considered as preliminary and suggest that relatives of OC patients have lower levels of family burden and cope better with the desease.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Old Age Psychiatry - Part I

E-PP0721

Turkish immigrant women as caregivers of their mothers with Alzheimer's disease in Germany: preliminary findings of a qualitative study

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Background and aims.– Prevalence of Alzheimer's Disease (AD) is increasing among aging Turkish immigrants in Germany. The necessary care is provided mostly by family members, predominantly daughters of the patients. There is a great paucity of research concerning the burden faced by those women. We aimed to investigate the dimensions of caregiver burden, associated factors and coping strategies in Turkish immigrant women who look after their mothers with AD.
Methods.– Semi-structured in-depth interviews were held with eight Turkish immigrant women who look after their mothers with AD. Participants were recruited between June 2017-May 2018 from a Centre of Transcultural Psychiatry in Hannover/Germany. Audio recordings were typed out and qualitative content analysis was used to analyze the data.
Results.– Caregiver role was undertaken unconditionally as a cultural responsibility independent of the premorbid mother-daughter relationship. A predeath grief response which results in denial and guilt was commonly encountered. Participants frequently suffered from sleep disturbances and other somatic symptoms along with deterioration of social and family life. Conflicts between the caregivers and other family members due to unmet expectations existed. Despite the aforementioned adversities, they specified the caregiving to their mothers rather as a positive/satisfactory experience. Negative attitudes towards formal care were present. Caregiver burden was specifically higher as the individualistic elements in the identity (higher acculturation to the German culture) were more prominent.
Conclusions.– Culturally sensitive interventions which target predeath grief process and acculturation issues should be implemented in order to decrease the caregiver burden in Turkish immigrant women who look after their mothers with AD in Germany.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0722

Under-diagnoses of late-life depression in North Greece

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Background and aims.– Depression is the most frequent cause of emotional suffering on late life.
The purpose of the present study was to estimate the prevalence of Late-Life Depression and to assess possible under-diagnoses of depressive symptoms in the elderly.
Methods.– A cross-sectional study was conducted among the members of the open day care centres for older people in the municipality of Pella, North Greece. A questionnaire was developed to collect basic demographic data, including three questions from the "European Health Interview Survey", regarding self-reported and/or by a physician diagnosed depression. Moreover, to all participants the Greek validated version of the Geriatric Depression Scale (GDS-15) was applied, to screen the elderly for depressive symptoms.
Results.– A total of 241 individuals took part in the study. According to the GDS, 34.9% of the participants revealed having depressive symptoms, 27.4% moderate and 7.5% severe type. Having ever been affected with chronic depression reported 20.3%, of them 71.2% had been diagnosed by a medical doctor and 28.9% had received antidepressant medication. Of the 160 subjects who reported never been affected by a depression, 26.9% and 3.8% screened positive for moderate and severe depressive symptoms, respectively. In eight individuals who reported not to know if they have/had depression, depressive symptoms were observed in 85.7% applying the GDS-15.
Conclusions.– Late-Life Depression in North-Greece show a high prevalence and appears to be an under-diagnosed disease. The application of GDS-15 by general practitioners would increase their ability to detect and treat depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0723

Association between the adherence to the mediterranean dietary pattern and common mental disorders among community-dwelling elders from São Paulo, SP, Brazil

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Background and aims.–
Introduction.– Studies have shown that Mediterranean dietary pattern (MDP) adherence may contribute to protect against common mental disorders (CMD). However, this relationship is poorly investigated in Brazilian elderly people.
Aims.– To investigate the association between the adherence to the MDP and CMD in elderly, after adjusting for sociodemographic variables.
Methods.– Cross-sectional, population-based study, including 545 elders (≥60 y; both genders) from São Paulo, SP, Brazil. The CMD was identified by Self Reporting Questionnaire (SRQ-20), and MDP adherence was determined using Mediterranean Diet Score (MDS; from two 24 h food records). Forward stepwise logistic regression models were used to evaluate the association between CMD and MDP adherence (Model 1 = crude associations; and Model 2 = adjusted for gender, age, BMI, marital status, number of comorbidities, education, household income, physical activity and smoking status). Simple logistic regression models were used to decide the order of inclusion of the variables in the multiple regression in adjusted models (Stata software, v.14).
Results.– The participants showed a moderate adhesion to MDP (mean score = 4.01 ± 0.77). From the adjusted regression models (Model 2), maintaining the low adherence as reference, a moderate and a high adherence to the MDP was associated to a lower prevalence of CMD [OR = 0.54 (95% CI = 0.34–0.88) for moderate adherence and OR = 0.42 (95% CI = 0.18-0.98) for high adherence].
Conclusions.– Our sample showed an intake defined as "moderate adherence to MDP". The moderate and high MDP adherences showed to be protective against CMD. These results highlight the importance of programs directed to a healthy diet by elders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0724

Microsocial environment as predictor of breakdown in health shortly before discharge

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Background and aims.– A frequent phenomenon in clinical practice is a medically unmotivated breakdown in the patient's health shortly before discharge.
The purpose of study was to reveal psychosocial predictors of development the phenomenon of deterioration of well-being of elderly patients shortly before discharge.
Methods.– The patients were examined once in the form of a structured interview, at the stage of relief of acute symptoms and preparation for discharge.
The sample consisted of 155 patients of gerontopsychiatry department, mean age 68.11 ± 8.074 years. In the sample studied, affective disorders predominated (66%), less common were organic brain diseases (19%), neurotic and stress-related disorders (14%).
Results.– The breakdown in health before discharge was observed in 40.1% of the patients examined, which was manifested by exacerbation of the main syndrome (25.4%), onset of new symptoms (0.8%), somatic decompensation (1.6%) or by a combination of the aforementioned events (12.3%). We found no significant correlation between the breakdown in health prior to discharge and the primary diagnosis, concomitant diseases, sex or age, marital status or social situation. Nevertheless, the nature of relations with close ones was a significant factor. We revealed significant correlations between the sentiment of pity (correlation coefficient: 0.63, $p < 0.05$) and feeling of guilt (0.47) towards the closest person (family member or friend), and the prevailing avoidance strategy when resolving conflicts with this person (0.642).
Conclusions.– Psychosocial factors such as relations with close ones can influence the dynamics of the patient's condition at the stage of end of treatment and preparation for discharge.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0726

Factors associated with three-year mortality in elderly people with mood disorders



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Background and aims.– There is a lack of clarity in the literature regarding the longitudinal risk factors associated with mortality

in elderly people with mood disorders (including bipolar disorder (BD) and major depressive disorder (MDD)).
Methods.– Elderly people diagnosed with and treated for mood disorders in 2008 were identified from the National Health Insurance Research Database in Taiwan and were followed up for the consecutive three years (2008–2011). Survival analyses were conducted to examine the risk factors associated with mortality over a three-year follow-up period.
Results.– A total of 26,570 elderly patients diagnosed with and treated for mood disorders in 2008 were enrolled in this study, among whom 5,854 were BD patients, and 20,716 were MDD patients. A total of 4,048 patients died within the three-year follow-up period, including 1,003 BD patients and 3,045 MDD patients. Comorbid dementia was associated with an around 40% increase in the mortality risk. Among comorbid physical illnesses, diabetes mellitus and renal disease each constituted an elevated relative risk of mortality. On the contrary, having diagnoses of hypertension and hyperlipidemia appeared to have protective effects.
Conclusions.– Those elderly patients treated for mood disorders were at a fairly high risk of mortality over a three-year follow-up period. While comorbid mental and physical illnesses generally contributed to an elevated risk, diagnoses of hypertension and hyperlipidemia were shown to be negatively associated with the mortality risk. Early detection, better control and risk prevention for physical and mental illnesses are important to improve prognosis of mood disorder in elderly patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0727

Validation of the geriatric depression scale in a sample of institutionalized older adults of the portuguese population

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Background and aims.– Research shows a high prevalence of depressive symptoms in institutionalized older people when compared to the ones living in the community. Studies suggest the importance of regular screening for depression to promote an increase in quality of life of institutionalized older adults. This investigation aims to validate the Geriatric Depression Scale (GDS) in a sample of institutionalized older people.
Methods.– 493 institutionalized older people, with ages above of 60 years old, were assessed through the GDS, the Mini-International Neuropsychological Interview (M.I.N.I.), the Geriatric Anxiety Inventory (GAI), the Positive Affect (PA) and Negative Affect (NA) Schedule and the Satisfaction With Life Scale (SWLS).
Results.– The statistical analysis achieved to a final version of eight items. The internal consistency of the 8-item GDS presented a Cronbach's alpha of 0.87 and a single-factor structure. ROC analysis showed an *AUC* of 0.82, with sensibility and specificity of 80% and 77%, respectively, with a cutoff of 5/6 for the diagnosis of depression.
Conclusions.– The results support the validity and the applicability of the 8-item GDS for older people in the context of institutionalization.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0728

Screening for behavioural and psychological symptoms of dementia with the Abe's BPSD score: preliminary results of the Portuguese validation study

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Background and aims.– Behavioural and psychological symptoms of dementia (BPSD) are among the most distressing, time-consuming and costly aspects of dementia care. Some instruments have been proposed to accurately identify BPSD, as a first step to developing effective interventions, of which the Neuropsychiatric Inventory (NPI) is the most widely used. Nevertheless, NPI imposes some limits, mainly concerning its completion time. In this context, the Abe's Score (ABS) was recently proposed as an alternative measure.
To present the preliminary results of the ABS Portuguese validation study.
Methods.– ABS is being cross-validated with the NPI-12 and the Mini-Mental State Examination (MMSE) in dyads of patients and carers consecutively referred for neuropsychiatric assessment in an outpatient psychogeriatric setting of a University Hospital. Patients $\leq$65 years and with a major psychiatric diagnosis are being excluded. ABS internal consistency, concurrent and convergent validity were analysed.
Results.– Thirty dyads were included. Patients are mainly women (73.3%), with a mean of 79.57 ± 5.96 years and a global moderate level of cognitive impairment (MMSE 19.21 ± 6.28). Concerning carers, they are mainly female (66.7%), with an average of 61.23 ± 13.18 years. A mean score of 21.94 ± 21.74 was obtained for NPI, while 8.40 ± 7.96 was scored for ABS. Significant correlations were found between ABS and MMSE ($rs = -0.531$, $p < 0.01$), and ABS and NPI ($rs = 0.808$, $p < 0.01$). An $\alpha = 0.598$ was estimated.
Conclusions.– Despite the preliminary nature of these findings, the ABS seems to be a promising brief measure of BPSD.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0729

Facilitating the access to cognitive screening assessment in elderly

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Background and aims.– Cognitive screening assessment in elderly is the useful tool to improve access to early dementia diagnosis. The most vulnerable group in terms of the changes of cognitive health are the people in the age of 60 years and above.

Data from cognitive screening assessment were analysed to identify the mediators and the barriers of the professional help seeking process.
Methods.– Cognitive screening assessment is provided in MEMORY Centre N.P.O. since 2012. Overall 442 assessments were provided in 2017 and analysed in follow up procedure. The presented sample consisted of 331 adults from 60 to 91 years ($M = 72,7$, SD = 7,3) with approximately 72% women, with 14 years of education in average (SD = 3,2).
Results.– 44,7% underwent the assessment because of the subjective perceived memory decline followed by 19,7% because of the referral by significant other with only 6,6% referred by the professional. The cognitive impairment of various severity was present in 61,2% with the average duration of symptoms 12–36 months before the assessment initiation. As the most disturbing symptom forgetfulness of the familiar names and the inability to recall familiar terms in speech was mentioned.
Conclusions.– To improve the early diagnosis of cognitive impairment to shorten the period of decision process in help seeking and more intense cooperation with the professionals is needed. The results will serve as the baseline for the intervention programme created to raise the awareness of dementia in Slovakia and to decrease the perceived stigma of the disorder.
This project was supported by the Slovak Research and Development Agency under the Contract APVV-17-0536.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0730

Aggressive and impulsive behaviour is an unafavourable prognostic factor in mild cognitive impairment

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Background and aims.– Mild cognitive impairment (MCI) is an established risk factor for development of dementia. Research so far showed that the presence of neuropsychiatric symptoms is associated with more rapid deterioration of cognitive functions in patients with dementia. Our aim was to establish the relation between aggressive and impulsive behaviour and cognitive functions' decline in subjects with MCI.
Methods.– We recruited 193 outpatients with a diagnosis of MCI confirmed by criteria established by Working Group on MCI. Those subjects were systematically observed during a 7-year prospective study with regard to possible development of dementia. Assessment of cognitive functions was based on Mini Mental State Examination (MMSE), while aggressive and impulsive behaviour intensity was examined with the use of Cohen-Mansfield Agitation Inventory (CMAI). Final analysis of data was possible for 75 subjects. Statistical significance of test results was at $p \leq 0,05$.
Results.– 34 subjects with MCI converted to dementia, while 41 did not develop dementia during the observation period. Patients who converted presented greater intensity of behavioural symptoms in all four subscales of CMAI. Moreover, either global score, or results in physical non-aggressive and verbal aggressive behavioural subscales of CMAI were associated with cognitive functions' deterioration during the first year of observation.
Conclusions.– Prevalence and greater intensity of aggressive and impulsive behaviour is an unafavourable prognostic factor in mild cognitive impairment. Main limitations of the study are the use of MMSE as a scale of little sensitivity in the identification of MCI patients who can develop dementia and no additional adjustment of results for concomitant treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0732

Reducing the risk of dementia with exercise, a state-of-the-art review and consideration of practical implementation

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Background and aims.– Dementia is a progressive neurodegenerative disorder, characterised by deterioration in higher cortical function. The burden of disease is high, with approximately 500,000 diagnosed cases of dementia in the UK alone.
The study aimed to establish the evidence for exercise as a potentially modifiable risk (PMR). To propose possible interventions to improve population engagement in this PMR.
Methods.– Three student researchers reviewed a range of randomised control trials, and observational studies. The aim of the review was to establish if there was adequate evidence to justify recommending physical exercise to patients, to reduce their risk of dementia. Students devised their own search strategies to be used across a range of search engines, including Ovid-Medline, Google Scholar and PubMed. Students then critically appraised the generated literature.
Results.– A review of the literature found several limitations in the studies looking at risk reduction in dementia. However, overall the evidence pointed to an association between increased physical activity before the onset of dementia, and a reduction in the risk of developing dementia. The literature could not prove a causal link however, they did offer valid proposed mechanisms of action.
Conclusions.– Overall the review concluded that there was adequate evidence to justify advising people that there is an association between increased physical activity and the reduction in risk of dementia. The students, using this research, developed public health interventions which aim to encourage patients to increase engagement in physical activity. The presentation will outline these interventions, and how their development has progressed since the review was completed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0733

A study on factors affecting subjective memory complaints among the elderly in the community

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Background and aims.– To investigate the factors affecting subjective memory complaints among the elderly in urban area.
Methods.– The subjects of this research were 160 community-dwelling elderly without dementia and major depressive disorder. Each subject was administered the questionnaires regarding the socio-demographic characteristics, Korean version of subjective memory complaints questionnaires (SMCQ), Korean version of short geriatric depression scale (sGDS) and Korean version of Mini-mental state examination (K-MMSE). Subjective memory complaints were defined as above 5 points of SMCQ.
Results.– 39.38% of the subjects had subjective memory complaints. There were significant associations between subjective memory complaints and Sgds ($p < 0.001$), physical illness ($p = 0.001$), but there was no association with MMSE ($p = 0.383$) (Fig. 1).

	Variables	SGDS-K	K-MMSE	Physical disease	SMCQ
Total	SGDS-K	-	-0.41	0.127	0.674*
	K-MMSE		-	-0.053	-0.069
	Physical disease			-	0.263*
	SMCQ				-
SMC+	SGDS-K	-	-0.161	-0.070	0.447*
	K-MMSE		-	0.003	-0.241
	Physical disease			-	0.123
	SMCQ				-
SMC-	SGDS-K	-	0.111	0.093	0.262*
	K-MMSE		-	-0.089	0.056
	Physical disease			-	0.270*
	SMCQ				-

SMC+ : 5 and more points on subjective memory complaints, SMC- : below 5 points on subjective memory complaints, SGDS-K : Short Geriatric Depression Scale of Korean version, K-MMSE : Korean version Mini-Mental State Examination.
*P<0.05.

Figure 1. Pearson's correlation of total score of SMCQ with others covariates.

Conclusions.– Discrepancy between subjective memory complaints and cognitive impairments suggests that depressive disorders including minor depressive disorder and subsyndromal depression, might play a role in the subjective memory complaints rather than cognitive impairments in community-dwelling elderly. Treatment for the depressive disorders should be considered in dealing with the subjective memory complaints in the elderly.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0735

Autoantibodies to S100 protein and myelin basic protein as predictors of poorer prognosis in patients with mild cognitive impairment

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Background and aims.– Cognitive impairment in elderly is a problem of high significance due to the increasing prevalence. Comprehensive cognitive rehabilitation programs (CCRP) are used to improve cognitive functioning. At the initial level of cognitive decline, it is not always possible to diagnose correctly the nature of cognitive impairment and to predict the course of disorder. Immune markers assessment can bring the light to the severity of brain damage.
Aims.– To assess dynamics of cognitive functioning before and after CCRP in patients with mild cognitive impairment (MGI) and its association with immune markers (leukocyte elastase, autoantibodies to S100 protein (abS100) and myelin basic protein (abMBP)) levels.
Methods.– Prospective study of unselected sample of patients with MCI. Patients ($n = 61$) were recruited in the outpatient public 'Memory Clinic' in Moscow. Exclusion criteria were depression and anxiety (HADS score >10), history of psychosis, acute somatic diseases. Immune markers were assessed in plasma at baseline. Cognitive parameters were assessed using Mini Mental State Examination (MMSE) at baseline and in 6 weeks, after completing CCRP. The difference in MMSE score >2 considered as clinically significant improvement. Difference in immune parameters was compared in groups with and without cognitive improvement using Pearson's χ^2 test.
Results.– Eighteen (29,5%) patients showed no significant improvement after CCRP. This correlated with more malignant immune profile in this group with significantly higher levels of autoantibodies then in patients with significant improvement ($\chi^2 = 4.18$, $p < 0.05$).
Conclusions.– Levels of autoantibodies can be used as markers of more severe brain damage in patients with clinical picture of MCI.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0737

Overdosing of benzodiazepines/z-drugs and falls in older adults: costs for the health system

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Background and aims.– Benzodiazepines and Z drugs (BZD/Z drugs) are commonly used for the treatment of insomnia andanxiety in older adults for long periods of time. Given the physiological and metabolic characteristics of thisgroup of patients, they are more prone to the adverse effects of these drugs which include falls. The re-commendations for use of BZD/Z drugs include the need to adjust the dose and select those with a short half-life, to avoid adverse events, which as well as potentially affecting patient outcome, increase healthcare costs. In thisstudy, we have evaluated the hospital-related costs associated with falls in older adults who use BZD/Z drugs atdoses higher than recommended for this age group.
Methods.– We conducted a cross-sectional observational study assessing the BZD/Z drug prescriptions of olderadults attending the emergency department after a fall. Cost analysis was performed for cases in which theprescriptions exceeded the maximum recommended dose for this age group.
Results.– A total of 40.6% of the prescriptions recorded were higher than the defined daily dose in older adults (DDDolderadults). Of the 57 patients who used BZD/Z drugs at higher-than-recommended doses, 53 experiencedtrauma and 33 required hospitalisation. The costs associated with emergency department services, tests performed and hospitalisation amounted to €1850/patient
Conclusions.– Appropriate dosage of BZD/Z drugs in older adults could reduce both patient suffering and costs forthe health system.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Old Age Psychiatry - Part III/Oncology and Psychiatry

E-PP0738

The vogel-study wuerzburg: new electrophysiological methods in the early diagnosis of Alzheimer's disease

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Background and aims.–
Objectives.– Alzheimer's disease is still of increasing medical and socio-economic importance. Therapeutic approaches so far failed. One reason may be that most clinical trials so far started too late in the course of disease. Today's diagnostic tools for detection of preclinical AD show some disadvantage regarding costs and invasivity and thus are problematic when applied in screening examination of larger numbers of potential candidates for clinical trials.
Methods.– Within this context we developed methods such as near-infrared spectroscopy (NIRS) and vagus-evoked potentials (VSEP) combining all advantages of an ideal examination method. NIRS, in addition, shows a high amount of ecologic validity and VSEP reflect early disease-specific changes. For both methods, we and others could show significant differences in subjects with AD and Mild cognitive impairment (MCI) compared to healthy controls. If they really are suited as a diagnostic tool for preclinical AD, that is the scope of the Vogel-Study Würzburg, a prospective long-term cohort study designed to evaluate the predictive validity of NIRS and VSEP in the early diagnosis of AD.
Results.– This study which since 2010 included 604 participants meanwhile started its second follow up.
Conclusions.– We not only present data of the baseline and the first follow up examination, but also discuss methodic aspects of long term studies in AD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0739

The impact of frailty syndrome on the quality of life in patients with Parkinson's disease – a preliminary study

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Background and aims.– Parkinson's disease (PD) is a progressive, neurodegenerative disorder results primarily from the death of dopaminergic neurons within the substantia nigra. Frailty syndrome (FS) is an important problem in older adults. FS combined with the symptoms of PD, can have a significant negative impact on the quality of life (QOL). To assess the impact of FS on the QOL among PD patients.
Methods.– The study included 101 patients (59 women and 42 men). All patients were classified as at least stage II according to the Hoehn and Yahr scale. The study was conducted in the Circle of Friends of People with PD in Wroclaw. The following measurement tools were used in the study: Schwab and England Activities of Daily Living Scale (SEADL), the 39-item Parkinson's Disease Questionnaire (PDQ-39), the Beck's Depression Inventory (BDI), the Tilburg Frailty Indicator (TFI), the Unified Parkinson's Disease Rating Scale (UPDRS).
Results.– The mean age of study participants was 70.11 years (SD = 5.5) and mean duration of PD was 8.3 years. Only 12.12% of participants were professionally active. FS was found in 86.87% and symptoms of depression were found in 62.63% of PD patients.
Conclusions.– FS was found in most of study participants, which occurs the more often the longer the PD lasts ($p = 0.048$). FS is associated with a decrease in physical fitness and QOL. Physical activity improves the QOL and limits the progression of PD. The level of health behaviors in non-frail is higher than in patients with FS ($p = 0.027$). The higher the level of health behaviors, the better the QOL
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0740

Major depressive disorder and physical capabilities in the elderly

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Background and aims.– Comprehensive psychiatric evaluation should also entail patients' motoric and locomotion capabilities, as recommended by EPA. Patients with recurrent Major Depressive Disorder (MDD) are generally acknowledged to have a number of their functional capabilities appreciably diminished.
Assessing motoric and locomotion capabilities in the patients with recurrent MDD.
Methods.– The assessment covered 71 MDD patients over 60 years of age. The subjects were stratified by GDS (Geriatric Depressive Scale), and assessed in terms of gait under a single- (TUG) and dual-task conditions, static balance with open and closed eyes (SLS OP, CL), and muscle strength (30sChS).
Results.– Applicable reference values for physical capabilities were met by 6.9% −36.1% of the subjects, depending on a domain. Reference values for TUGT under a single- and dual-task conditions were met by 34.7% and 6.9% of them, respectively, for SLS (OP, CL) - by 23.6% and 2.7%, respectively, while for muscle strength - by 36.1% of them. GDS scores were found to be correlated with 30sChS ($rs = -0.26$).
Conclusions.– (1) MDD appreciably affected individual physical capabilities. (2) Approx. 30% of MDD patients met pertinent reference values for physical capabilities. (3) Muscle strength affected MDD intensity as an independent factor.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0741

Weapon license and dementia

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Background and aims.– In Sweden there is more than 600,000 licensed firearm owners and approximately 170,000 patients with dementia diagnosis. This study aims to explore properties of firearm ownership in a large population of Swedish dementia patients. The aim is to specify socio-demographic and clinical characteristics of dementia patients owning firearms, as well as factors influencing the decision to report a patient as non-suitable to possess firearms to authorities.
Methods.– This was a registry-based cohort study. Sample consisted of patients diagnosed with dementia and registered in the Swedish Dementia Registry ($n = 69{,}100$). Eight subtypes of dementia were included the study: Alzheimer Disease (AD), Mixed Dementia (Mixed), Vascular dementia (VAD), Lewy body dementia (LBD), Frontotemporal dementia (FTD), Unspecified dementia (UNS) and Other types of dementia (Other). Logistic regression was used to estimate odds ratio (OR) of being reported as non-suitable to possess firearms to authorities in each dementia diagnoses with AD as a reference. Final model was adjusted for age, sex, Mini-Mental State Examination and, living arrangement and antipsychotics use.

Results.– In total 1,826 (3.4%) patients had weapon licence and 347 (10.2%) were reported to authorities. In adjusted models, VAD and FTD were assosciated with increased risk of being reported as non-suitable to possess firearms comparing to AD patients (OR = 1.41 95%CI (1.01–1.97) and OR = 4.18 (2.22–7.89), respectively).
Conclusions.– Our results indicate that in the physicians' opinion, FTD and VAD patients may pose a greater risk of committing violent act. We recommend and this should be included in future guidelines.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0742

Use of antidepressant in elderly: from current evidence to clinical practice

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Background and aims.–
Introduction.– In choosing an antidepressant in an older depressed patients it is recommended that selection be based on the best side effect profile, lowest risk of drug-drug interactions and pharmacokinetics profile in elderly. The aim of this study was to evaluate antidepressant prescription adequacy in institutionalized elderly based on the current evidence.
Objectives.– Describe antidepressant prescriptions in a sociosanitary center and evaluate its adequacy according to the latest guidelines for antidepressant prescription in elderly.
Methods.– Retrospective, descriptive and transversal study about the use of antidepressants in elderly that involved 114 institutionalized patients 65 years of age and older. Evaluation of the adequacy of antidepressants prescription was evaluated in based of: indication and dosage in elderly. We obtained data of: age, sex, diagnosis, antidepressant and dosage from the electronic prescription and a computer-based medication prescription system for dispensing drugs in the sociosanitary center.
Results.– We included 114 institutionalized patients (60% women, average age 87 [65–99]. 48,2% ($n = 55$) were receiving any antidepressant: 32,7% ($n = 18$) trazodone, 27,2% ($n = 15$) escitalopram, 18,1% ($n = 10$) mirtazapine, 11% ($n = 6$) paroxetine, 5,4% ($n = 3$) venlafaxine, 3,6% ($n = 2$) sertraline and 1,8% ($n = 1$) fluoxetine. We detected 7,3% ($n = 4$) trazodone and escitalopram prescriptions using a higher than advised doses in elderly patients.
Conclusions.– There are more women institutionalized in geriatric centers. Almost 50% percent of institutionalized patients were taking any antidepressant. Trazodone and escitalopram were the drugs most prescribed. Trazodone prescriptions using a higher than referred doses were detected in less than 10% in our sample.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0743

Sex differences in behavioral and psychological symptoms in frontotemporal dementia

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Background and aims.– Frontotemporal dementia (FTD) is a progressive condition associated with changes in behavior, loss of higher social skills and emotional perception. The aim of this study was to compare behavioral and psychological symptoms (BPSD) between males and females with FTD measured by Neuropsychiatric Inventory (NPI).
Methods.– This was a registry-based cohort study. We studied patients diagnosed with FTD and registered both in the Swedish Dementia Registry and the Swedish BPSD registry ($n = 237$). We used the 12 item version of NPI assessing following symptoms: Hallucinations, Delusions, Agitation/aggression, Dysphoria/depression, Anxiety, Irritability, Disinhibition, Euphoria, Apathy, Aberrant motor behavior, Sleep and night-time behavior change, Appetite and eating change. Separate logistic regression models for each symptom were built to estimate odds ratio (OR) of having symptoms amongst males and females.
Results.– 55% of the study sample were females and 45% were males. The mean (SD) age was 71.9 (9,1) years, mean (SD) Mini–Mental State Examination (MMSE) score was 22.2 (5.8) points and the mean (SD) number of drugs was 3.2 (2.7). There were no significant differences in clinical characteristics between the sexes. Compared to females, males had a lower risk of anxiety (OR 0.51, 95% CI 0.30–0.90). There were no other differences between females and males regarding any of the other symptoms.
Conclusions.– A higher risk of anxiety, but not of other BPSD in female patients requires further studies. The lack of differences in clinical characteristics may suggest an influence of other sex or gender determinants that are not included in the present study.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0745

The efficacy of probiotics in patients with dementia - a preliminary search results of systematic review

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Background and aims.– Dementia and pre-dementia states (such as mild cognitive impairment) are increasingly prevalent in ageing populations. Treatment is usually challenging and provides minor effects. Probiotics and synbiotics may constitute a promising additional therapy to improve brain functions and slow down the progression of dementia.
Our aim is to assess the efficacy of probiotics or synbiotics alone or in combination in patients with dementia or pre-dementia states.
Methods.– Following a protocol which we will publish in PROSPERO, we systematically searched electronic databases (Ovid MEDLINE, Embase, CENTRAL, Web of Science) as well as clinical trials registers (ClinicalTrials.gov, EU Clinical Trials Register, WHO International Trials Registry Platform) using adequate search strategies with no restrictions on language and date. We will manually search references to identify additional papers. All titles and abstracts of studies were reviewed independently by two reviewers and eligible full texts were assessed similarly. Conflicts were resolved by discussion or help from third reviewer. To assess risk of bias in included

studies we will use Cochrane Risk of Bias Tool 2.0 for RCTs and ROBINS-I tool for CCTs.
Results.– We identified 3088 records (Fig. 1, 3071 from databases and 17 additional from clinical trials registers). After removing duplicates, we screened 2548 references. We included 13 papers in general: 9 abstracts from electronic databases and 4 from registers of clinical trials. Into qualitative analysis 7 studies was included. Further results will be presented during the Congress.

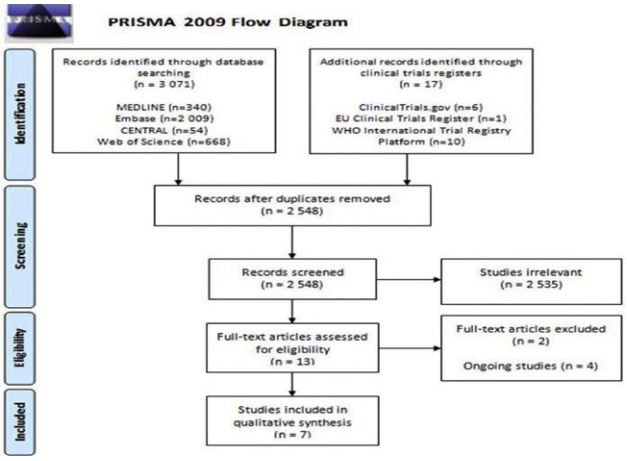


Figure 1. Prisma 2009 flow diagram.

Conclusions.– This topic seems to be very unexplored which is why high quality randomized controlled trials need.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0746

Randomized comparative study about efficacy and tolerability of vortioxetine in behavioral alterations in elderly patients with Alzheimer's disease at the local health unit of Alentejo

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Background and aims.– To evaluate the efficacy and tolerability of vortioxetine in the treatment of behavioral alterations in elderly patients with Alzheimer's disease.
Methods.– The sample will be composed of elderly patients with Alzheimer's diagnosis and behavioral changes followed in the Geriatric Psychiatry team between September 2018 and March 2019.
Firstly, the patients are treated for at least two months with donepezil, but presents behavioral changes, so initiates risperidone, after despite organic disease. It will be obtained the informed consent and passed the socio-demographic questionnaire, Mini Mental State, Geriatric Depression Scale (GDS) and BEHAVE-AD. Risperidone is maintained for two weeks and if there are clinical improvements, it is kept the therapy and the patients leaves the study; if there are no clinical improvements, vortioxetine is added and it is passed GDS and BEHAVE-AD.
After four weeks, the patient is reevaluated and passed the scales again.
The data will be analyzed and the results of the three moments will be compared.
Results.– The results will be published and presented in scientific sessions.
Conclusions.– Pharmacological reatment for behavioral disturbances in elderly patients with Alzheimer's Disease has shown minimal efficacy or substantial adverse effects and should only be continued if clinical benefit is obtained.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0747

Pharmacological treatment in behavioral disturbances in Alzheimer's disease

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Background and aims.– Behavioral disturbances occur frequently in Altheimer's Disease.
The prevalence varies greatly between studies due to the use of different definitions, but includes agitation, which may increases the severity and is often associated with psychosis or aggression, anxiety, and disinhibition.
A lot of medications have been used to treat behavioral disturbances in patients with dementia but have shown minimal efficacy or substantial adverse effects.
The aim for this study was identify behavioral symptoms and the main pharmacological treatment in Alzheimer's Disease.
Methods.– It was made a systematic review of scientific studies of main scientific database about pharmacological treatment in behavioral disturbances in Alzheimer's Disease at the last 10 years.
Results.– In the treatment of agitation in patients with dementia, a proactive approach with recognition and treatment at an early stage can prevent the excessive administration of psychotropic drugs.
Memantine may decrease agitation/aggression and irritability.
Clinical trials with Inhibitors Selective Serotonin Reuptake showed some usefulness in agitation and paranoia, given that the behavioral symptoms are often caused by a mood disorder and patients have difficulty verbalizing their symptoms, but this has limited evidence beyond the symptoms due to depression.
Mood stabilizers have not shown evidence and benzodiazepines should be limited to brief episodes.
Atypical antipsychotics have been the drugs of choice, but are associated with increased mortality and should not be routinely used.
Conclusions.– Treatment for behavioral disturbances in patients with dementia have shown minimal efficacy or substantial adverse effects and should only be continued if clinical benefit is obtained.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0748

Aging and spectrum of schizophrenia: a psychiatric and psychological approach

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Background and aims.– New studies on accelerated aging in patients with schizophrenia are encouraging reassessment of how to diagnose and treat this portion of the population. This article proposes

an approach to aging in schizophrenia, with a psychiatric and psychological cognitive behavioral view.
Methods.– Articles, citations and online books from the MEDLINE database have been selected in recent years for the discussion of accelerated aging in schizophrenia.
Results.– In meta-analysis, increased systemic biomarkers such as inflammation, cytotoxicity, oxidative stress, gene expression and synaptic function. Sociability is also compromised, with the risk of death being higher than in the general population, which has been increasing over time. It is therefore a long-term psychosis, with severe impairments in its psychopathology and in the social participation of those affected, as well as a tendency towards chronicity and dysfunctionality. Nevertheless, it is associated with increased comorbidities, mortality, and cognitive impairment similar to those observed in normal aging, which may suggest accelerated pathological aging.
Conclusions.– There is a need for pharmacological treatment aimed at reducing symptoms using antipsychotics with a lower increase in cardiovascular risk and by routes of administration that have better adherence rates. All this is associated with psychoeducation involving the carrier and the family, to avoid the risk of misuse of psychotropic drugs and to decrease the, unfortunately common, rate of drug discontinuation. Concomitantly, psychotherapy is installed to accompany the process of developing social skills in a diverse environment (work, family, leisure) to ensure patient functionality over time.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0749

The relationship between oral health and psychopathology in elderly people

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Background and aims.–
Background.– The psychopathology has been linked with low levels of quality oral health.
Objectives.– This study examined the relationship between oral health in older people and psychopathology.
Methods.– 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 Symptom Check-List Revised (SCL-90) and (c) questionnaire concerning socio-demographic information.
Results.– One way ANOVA and MANCOVA was used for statistical analysis. Results show significant differences in oral health of elderly people and economic status. High blood pressure was found to directly contribute in the in increasing the quality of oral health ($F = 5.063$, $p = .006$). Thus GLM analysis found strong associations between quality of oral health and Somatization (SCL-90) ($p = .012$), Obsessive-Compulsive (SCL-90) ($p = .017$), Depression (SCL-90) ($p = .018$), Anxiety (SCL-90) ($p = .000$), Aggression (SCL-90) ($p = .085$), Phobic anxiety (SCL-90) ($p = .000$), Psychoticism (SCL-90) ($p = .000$).
Conclusions.– Our findings provide more detailed information on the negative effects of psychopathology on quality of oral health in elderly people.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0750

Immunological agents for neurocognitive disorders- a review of the current evidence

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Background and aims.– The shift from symptomatic approaches to disease-modifying treatments for Alzheimer Dementia (AD) has lead to various results, some of them encouraging, other rather disappointing.
This review try to establish the current stage of the AD immunological therapies development.
Methods.– A search of major electronic databases (Cochrane, PubMed, PsychInfo, EMBASE) was performed, using keywords "immunological therapies", "beta-amyloid", "tau-protein", and "Alzheimer's disease". Also, the database *clinicaltrials.gov* was questioned using the same paradigm.
Results.– A number of 37 trials related to the immunological therapies for AD were detected in the electronic databases. Finished trials with published results were investigating a tau vaccine (AADvac 1- positive results, phase 1 trial) and several vaccines directed against beta-amyloid plaques (ACC-001- negative results, two phase 2A trials, gantenerumab- it may be efficient, but more trials are needed, bapineuzumab– failed, phase 3 trial, BAN2401- it was efficient in a single phase 2A trial, AN1792- phase 2A trial produced positive effects and a follow-up after 4.6 years detected low anti-AN1792 antibody titers, and CAD106- only a phase 1 trial). A number of 4 studies targeting beta-amyloid are active or planned to begin soon (aducanumab, crenezumab, UB-311, BAN2401 and Lu AF20513), one for tau-protein (AADvac 1), one for the combination of beta-secretase inhibitor inhibitor (BACE) and beta-amyloid vaccine (CNP520 and CAD106), and one comparison of BACE inhibitor versus beta-amyloid vaccine (CNP520 vs. CAD106).
Conclusions.– The level of evidence for current immunological therapies targeting AD is not very encouraging, but many trials are currently ongoing or will start in near future.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0751

In transition: a combined (in- and out-patient) psychotherapeutic group for the elderly

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Background and aims.– In the final developmental stage of the human life, man is confronted with many losses in his bodily, personal, social and professional spheres: frailty and transience being the negative experiential denominator, isolation and retreat common maladaptive coping strategies.
Methods.– Working through these losses can be exacerbated when they (i) agglomerate and/or (ii) occur on a background of previously unresolved developmental crises; in such cases a wide variety of decompensations can occur, depression being the most common.
Results.– The gerontopsychiatric inpatient unit can provide a safe haven for the depressed elderly, the burden of confronting the agglomerated losses being at least temporarily lifted, in a large part by the inclusion into a larger hospital context of "being taken care of", not only from the medical/bodily point of view, but also in the sense of their social and personal inclusion and recognition (as a co-patient); it does not however prove conducive to the recognition and working through the losses that brought them to the hospital in the first place.

Conclusions.– The combined in- and out-patient psychotherapeutic group, where members continue their psychotherapeutic work after leaving the hospital (focusing on (i) the individual reasons/losses that brought one to the hospital and remain "outside it", (ii) the transitions from home to hospital environment and vice versa and (iii) the meaning of "being old"), offers members the chance both to feel included and to reflect and embrace their transitive life situations both in their individual specificity and in the universality of the broader "elderly community", thus promoting autonomy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0752

Older women in breast cancer remission: a structural model for adjustment to aging

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Background and aims.– Breast cancer is prevalent in old age and may affect adjustment to aging of older women. This study aimed to build a structural model to explore the predictors of adjustment to aging (AtA) reported by older women in breast cancer remission.
Methods.– A community-dwelling sample of 771 older women in breast cancer remission aged between 75 and 98 years answered a questionnaire to determine socio-demographic (age, income, marital status, education, household, and living setting), and health-related characteristics (self-reported functional limitations and disabilities, time since remission, other type of cancer, breast reconstruction, perceived health, recent disease and medication). Several measures were employed to assess AtA, sense of coherence and subjective well-being. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.
Results.– Significant predictors of AtA are self-reported disability ($\beta = .404$; $p < .001$), time since remission ($\beta = .371$; $p < .001$), perceived health ($\beta = .257$; $p < .001$), other type of cancer ($\beta = .231$; $p < .001$), breast reconstruction ($\beta = .153$; $p = .008$), marital status ($\beta = .141$; $p < .001$), sense of coherence ($\beta = .140$; $p < .001$), and living setting ($\beta = .139$; $p = .006$). These variables accounted for 84.3% of the variability of AtA.
Conclusions.– Self-reported disability and time since remission were the strongest predictors of AtA.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0753

Intergenerational relationships in old age: ambivalent feelings

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Background and aims.– Intergenerational relationships may be conflictual or supportive in old age. This study aimed to analyze how older adults conceptualize these intergenerational relationships.
Methods.– In this qualitative study, in-depth interviews were carried out with 316 older adults, aged 65-102, from three different nationalities who lived at home. Verbatim transcripts were examined.
Results.– Data analysis generated six themes representing intergenerational relationships: affection and reward; interest and integration; grandparent-grandchild interaction quality; privacy and boundaries definition; provision of support; and obligation of providing childcare, on two dimensions of ambivalence concerning their intergenerational relationships (supportive and conflictual).
Conclusions.– The empirical findings from this research indicate how ambivalence in intergenerational relationships is experienced by older adults and stress the contradictory expectations of older adults with grandchildren.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0754

Can group cognitive training increase the self-perceived quality of life in the elderly group?

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Background and aims.– Quality of life (QoL) as a complex construct encompassing social, psychological, physical domains is considered to be a primary goal of treatment of possible disabilities (cognitive, emotional, behavioral) in seniors. This goal is achievable through pharmacological and non-pharmacological methods, including multidimensional computer-based cognitive trainings. The aim of this study was to evaluate the effects of computer-based Cognitive Training (CT) "Academy of Mind®" on QoL of the elderly.
Methods.– Of the 54 seniors (age >65) included in study, 40 finished the CT (F/M:30/10; age: $72.4 \pm SD = 7.3$; mean MoCA = 23.6). CT lasted 9 weeks including one 90 minutes' session per week, accompanied by a corresponding psychoeducational part (e.g. individual computer tasks, group games focusing on specific cognitive functions, training possibilities, compensation strategies), exercises completed by seniors at home. Sessions were led by a professional trainer. The Dementia Quality of Life Instrument (DQoL, Brod et. al,1999) and neuropsychological tests were performed before and after the training.
Results.– The analysis of data sets showed statistically significant improvement of general QoL in above 50% ($n = 21$) of participants as well as within all five subscales of DQoL: positive affect ($p = 0.001$), negative affect ($p = 0.008$), feeling of belonging ($p = 0.021$), self-esteem ($p = 0.019$), sense of aesthetics ($p = 0.033$).
Conclusions.– The results of the study confirm the positive effect of non-pharmacological interventions such as computer-based cognitive training on quality of life of seniors and confirm the positive effects of non-pharmacological methods on non-specific psychological variables. Further research is necessary to determine if level of cognitive deficits differentiate variables of QoL.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0755

Correlation between aggression and quality of life in breast cancer patients

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Background and aims.– Quality of life is a multidimensional concept which refers to all domains of person's life and health, and can be significant for evaluating the quality of health care in patients with chronic diseases. The diagnosis and treatment of breast cancer in women can have a severe physical and psychological impact on the patients, which can lead to a psychiatric comorbidity. Previous

studies have shown that the global quality of life can be prognostic of survival in these patients.
The aim of this research was to examine the correlation between quality of life and aggression in women suffering from breast cancer.
Methods.– The research was conducted at Oncology Clinic, Clinical Center Nis. Patients with a previous diagnosis of breast cancer, who have already undergone a surgical treatment and were on adjuvant therapy, were included in the study. Patients were given following questionnaires: the Buss–Perry Aggression Questionnaire, 15-item Flanagan's Quality of Life Scale (QOLS) and General socio-demographic questionnaire. We used descriptive and correlation analysis of the data.
Results.– The group consisted of 95 participants who were diagnosed with breast cancer. Total average aggression score was 55.68 ± 13.546. The highest average score was on verbal aggression sub-scale – 2.33 ± 0.689, and the lowest average score was on sub-scale of physical aggression – 1.41 ± 0.332. We found a statistically significant negative correlation of quality of life and physical aggression ($p = 0.022$).
Conclusions.– Our results show a significant negative correlation between the quality of life and physical aggression in women suffering from breast cancer.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0756

Cancer risk and screening participation in patients with severe mental disorders

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Background and aims.– Cancer is a major cause of mortality worldwide, and patients with severe mental disorders (such as schizophrenia, other non-organic psychotic disorders and bipolar disorder) have higher prevalence of cancer risk factors. Therefore, the participation of these patients in national screening programmes is of paramount importance, as a way to ensure early cancer detection and improve treatment outcomes. This presentation aims to analyse the data from studies reporting the incidence of cancer in patients with severe mental disorders. Moreover, we intend to review the rates of participation in national screening programmes, identify barriers to screening uptake, and point out interventions to promote uptake.
Methods.– We undertook a literature review by searching in PubMed articles written in English, without restriction by year of publication. The key terms used were "psychosis", "schizophrenia", "severe mental illness", "cancer" and "screening".
Results.– Although the mortality attributed to cancer is higher in patients with severe mental disorders compared to the general population, the incidence of the disease is similar in both groups. In fact, a recent meta-analysis showed decreased incidence risk rates of colorectal cancer and prostate cancer among patients with schizophrenia. This incongruence is in part a consequence of lower rates of screening, due to specific barriers that we intend to detail. The interventions to promote uptake have to be adapted, particularly in relation to staff involvement and integration with primary care.
Conclusions.– Behaviour-change interventions are needed to promote cancer screening uptake and to reduce health professional disinterest in screening this population.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0757

Is schizophrenia a disadvantage for the diagnosis and prognosis of cancer?

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Background and aims.– Schizophrenia is a prevalent chronic mental illness that usually determines unhealthy life habits that can lead to other chronic diseases. The relation between schizophrenia and cancer is controversial. There are studies that suggest a lower incidence for some types of cancer but a higher standardized mortality. This could be explained by a delayed diagnosis or a limited access to specific treatment among patients with schizophrenia.
A comparative retrospective study of patients diagnosed with cancer (with and without schizophrenia) treated in a general hospital is carried out.
Methods.– Sociodemographic and clinical variables of all patients included in the Tumor Registry of the Hospital del Mar between 2000 and 2018 were selected ($n = 22.953$). Two groups were identified considering schizophrenia as a comorbidity. Non-parametric bivariant analisys was performed.
Results.– In our sample, 0,43% of the sample had diagnosis of schizophrenia. The mean age at diagnosis of cancer was 58,14 compared to 65,52 at control group. The proportion of patients who were at Stage-IV of their cancer at diagnosis was 25% among patients with schizophrenia compared to 17% at control group ($p < 0{,}05$). Cervical cancer was more frequent (6.5 versus 12.5%) in patients with schizophrenia. However, prostate cancer was less common (12.1 versus 2.5%).
Conclusions.– In this study, a diagnosis of cancer was found at younger ages for patients with schizophrenia. Cancer was diagnosed at more advanced stages in this group. As it has been described in previous studies, prostate cancer prevalence was less frequent in schizophrenia group. Further studies are needed in this area.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0758

Breast cancer: impact of body picture disorder on sexuality

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Background and aims.– Treatment of breast cancer may induce severe repercussions on the female body. This could cause a distortion of the body image. The aim of this study was to estimate the prevalence of body image disorder and sexual dysfunction in Tunisian women with breast cancer.
Methods.– We conducted a descriptive cross-sectional study over a four-month period from 01/10/2016 to 30/01/2017 at the outpatient medical oncology department at the Salah Azaiez Institute in Tunis. One hundred female patients were included, aged of 20 years or older and with histologically confirmed breast cancer, for a period of six months to one year from the date of diagnosis. Data collection was done using two scales: Body Image Scale (BIS) and The Female Sexual Function Index (FSFI).

Results.– The average age of the sample was 42,6 years. Sixty-eight percent of patients lived in urban areas. The majority of our patients were housewives. Almost all of the patients interviewed had family support. The prevalence of body image disorder was 45%, according to BIS. The prevalence of erectile dysfunction was 75%, according to the FSFI. The body image disorder significantly increased the prevalence of erectile dysfunction ($p < 10^{-3}$).
Conclusions.– This work raises awareness of the importance of addressing sexuality with breast cancer patients given the flagrant lack of communication between doctors and patients about sexuality issues.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0759

Clinical and genetic factors associated with cognitive function in cancer patients: a cross-sectional study

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Background and aims.– Cancer-related cognitive changes and impairment are frequently misdiagnosed despite their negative impact on patient's daily functioning and quality of life. They can be related to different factors including cancer itself, comorbid conditions, treatment and genetic factors. The aim of this study was to assess clinical and genetic factors affecting cognitive function in a sample of patients with cancer undergoing chemotherapy.
Methods.– A cross-sectional study was carried out between December 2017 and June 2018, using the Functional Assessment of Cancer Therapy-Cognitive Function (FACT-Cog), the visual analogue scale for pain and the Hospital Anxiety and Depression Scale -HADS. The study was approved by the hospital ethical committee (Reference:CEHDF1016) and all patients gave their written consent. DNA was obtained using a buccal swab (FTA®technology) and genotyping for different genes (*COMT*, *OPRM1*, *CRY2*, *CLOCK*) was performed using the Lightcycler®(Roche).
Results.– A total of 50 patients were included (70% females). Bivariate analyses showed that anxiety and pain were negatively correlated to the cognitive function: the mean perceived cognitive impairment score (CogPCI) decreased with the increase of anxiety ($p = 0.017$) and of pain ($p = 0.001$). None of the examined genetic polymorphisms was associated with cognition. Pain remained significantly associated with the CogPCI scores in the multivariate analysis (Beta = –0,416; $p = 0.002$).
Conclusions.– These preliminary results confirm the importance of an adequate assessment of different factors affecting cognitive functioning in cancer patients, particularly pain and other psychological factors (anxiety, depression), as part of a comprehensive oncological care plan. Further research is needed in that perspective so that an optimal patient outcome can be achieved.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0761

Are there ways to prevent psychiatric affections in oncological patients?

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Background and aims.– Psycho-oncology gives an approach to cancer patients and treats the emotional, social and spiritual distress which accompanies them. Recent research has indicated that not only illness, but also treatment can lead to severe depression, anxiety and distress. This study aims to establish the prevalence of anxiety and depression, the quality of life, cognitive impairment, sleep disorders and substance dependence in cancer patients from a Romanian hospital. It also describes the clinical characteristics of these patients and examines if different types of cancer have any influence on the level of psychiatric diagnosis.
Methods.– This is a prospective, longitudinal study that followed 130 patients from the radio-oncology department for three months and 37 of them were reevaluated. For the evaluation of psychiatric comorbidities a number of eight scales were used: Hospital Anxiety and Depression Scale, Quality of Life Questionnaire, Athens Insomnia Scale, Numeric Rating Scale for Pain, CAGE scale and Fagerstrom test, Global Assessment of Functioning and Montreal Cognitive Assessment.
Results.– As expected, depression and anxiety are underdiagnosed among the lot of the study. The quality of life is corelated with intensity of pain, depression and anxiety level. There was a high rate of alcohol and nicotine use among these oncological patients, although the majority of them stopped the consume after confronting the diagnosis.
Conclusions.– To sum up, patients from oncology department should have access to psychiatric services due to high prevalence of this type of disorders. Both the disease and oncological treatment influence the quality of life and can lead to anxiety and depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0762

Specific characteristics of cognitive functioning in patients with Hodgkin's lymphoma: a pilot study

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Background and aims.–
Introduction.– During the last decades only several research of neurocognitive impairments in patients with hematological malignancies have been presented. Qualitative objective research are rare, although the importance of assessing cognitive functions during and after chemotherapy is crutial for quality of life and therapeutic compliance.
Objectives.– The purpose was to determine specific features of cognitive sphere in patients with Hodgkin's lymphoma in order to develop rehabilitation programs.
Methods.– The pilot study included 22 patients with Hodgkin's lymphoma (12 women, mean age $30,1 \pm 8$ years). Cognitive func-

tioning was evaluated using The Brief Assessment of Cognition in Schizophrenia (BACS), pathopsychological diagnostic methods of thinking and memory, Rorschach test (the Rorschach Comprehensive System). A qualitative analysis was conducted. Statistical analysis was performed with SPSS 22.
Results.–

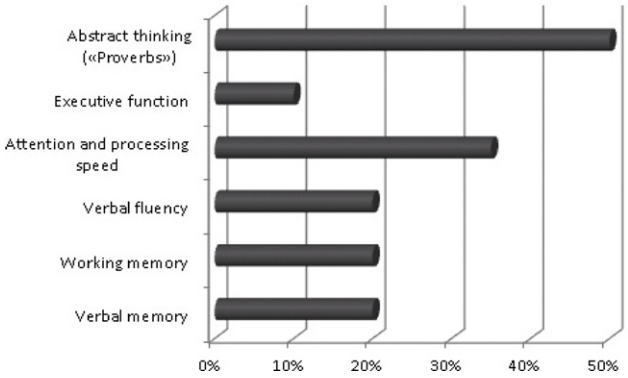


Figure 1. Percentage of patients with impairments in cognitive domains.

Results.–The results of the BACS and pathopsychological diagnostic methods are shown in Figure 1.
The results of the Rorschach revealed difficulties in the Cognitive Mediation cluster. 31% of patients are prone to perceive events and people incorrectly (XA% < 0.77, WDA% < 0.8). The low perceptual conventionality was found: 38% of patients gave less than four popular responses (P), the average scores of Conventional Form (X+%) and Unusual Form (Xu%) were 0.55 ± 0.1 and 0.27 ± 0.07.
Conclusions.– Difficulties with Attention and processing speed and Abstract thinking are more often observed in patients with Hodgkin's lymphoma. Cognitive impairments and distortions in perception should be taken into account in patient-physician communication process.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0763

Illness and rehabilitation perceptions in patients with leukemia after allogeneic bone marrow transplantation

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Background and aims.– Allogeneic bone marrow transplantation is a common treatment procedure for some types of leukemia (ALL and AML). Side effects and distressful symptoms lead to decrease in quality of life of patients and their relatives. Compliance, quality of treatment and rehabilitation can be mediated and moderated by specific perceptions about illness and rehabilitation. Objectives of the research: to understand illness and rehabilitation perceptions in patients with leukemia after bone marrow transplantation
Methods.– $N = 83$ patients with acute leukemia (ALL/AML)after bone marrow transplantation and hematopoietic stem cell transplantation. Male = 38, female = 45. Control groups: $N = 31$ (hemophilia A)and $N = 20$ (chronic kidney disease (G4-G5) male = 9, female = 11). All groups patients' ECOG:1-2.M.a. = 37.2 +– 18.1. SPSS used for statistical analysis (Compare means, ANOVA Scheffe multiple comparison test). Clinical interview and questionnaires were used (illness/treatment and rehabilitation perception, BAI, BDI-II, COPE, CABAH, IPQ-R, compliance and disease locus of control)
Results.– Multiple comparisons (Sheffe method)showed significant differences ($p < 0.05$) in IPQ-R scales between groups (leukemia (L), chronic kidney disease (CKD), hemophilia A (H)):«Timeline»L/CKD ($p = 0.000$), H/CKD ($p = 0.024$);«Consequences» L/H ($p = 0.000$), L/CKD ($p = 0{,}019$); «Personal control» L/H ($p = 0.000$), H/CKD ($p = 0.001$); «Treatment control»L/H ($p = 0.000$), L/CKD ($p = 0{,}013$), H/CKD ($p = 0.003$); «Identity» L/CKD ($p = 0.007$); «Emotional representations»L/H ($p = 0.009$); "Psychological attributions" L/CKD ($p = 0{,}000$), H/CKD ($p = 0.006$); «Immune attributions» L/H ($p = 0.016$), L/CKD ($p = 0{,}000$). «Anxiety in Rehabilitation»:N17-N19/D66 ($p = 0.011$), «Helplessness in rehabilitation»L/D66 ($p = 0.000$), D66/N17-N19 ($p = 0.007$), «Self-Efficacy in Rehabilitation » L/D66 ($p = 0.000$), L/N17-N19 ($p = 0.006$), D66/N17-N19 ($p = 0.006$).
Conclusions.– The main part of presented results can be explained by clinical features of study groups. Patients with hemophilia often do not consider it as disease, but as a body peculiarity. Also hemophilia is inborn disease. As a result, patient overall adaptation process develops gradually over a lifetime. Probably for this reason they pay less attention to consequences, personal control, and treatment control, emotional representations, self-efficacy in rehabilitation. Situation of life-threatening disease, numerous treatment protocols and procedures lead to high rate of perceived consequences, personal control, treatment control anxiety and self-efficacy in rehabilitation.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Others - Part I

E-PP0764

Evaluating the effect of a 4-day bootcamp to support doctors returning to training following an extended absence

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Background and aims.– Supporting doctors to return to training following a period of absence for medical, family, academic, personal or other reasons is a priority within the UK National Health Service. Literature demonstrates that skills and confidence can be significantly reduced in doctors taking a 3-month or more break from training (GMC, 2012). Returning doctors highlight that bootcamps, simulation, and intensive training is desirable in supporting return to work (Health Education England, 2017). This study evaluates the impact of a 4-day bootcamp on the skills, confidence, wellbeing, and resilience of doctors returning to training.
Methods.– Participants ($n = 41$) were given validated measures of human factors skills (Human Factors Skills for Healthcare Instrument), wellbeing (Warwick-Edinburgh Mental Wellbeing Scale), and resilience (Brief Resilience Scale), before and after the bootcamp. Surveys collected qualitative data from open questions about

participants' perceived impact on their clinical practice. The bootcamp blended didactic teaching, group work, simulated scenarios, and facilitated debriefs to address clinical knowledge and skills, human factors skills, self-care, resilience, among other areas.
Results.– Statistical analyses found significant improvements to human factors skills, confidence, wellbeing and non-significant improvements to resilience. Thematic analyses highlighted self-confidence, sharing experiences, feeling supported, and clinical skills are key areas of benefit from the bootcamp.
Conclusions.– This study supports the evidence that bootcamps are effective ways to support doctors returning to training following a break, improving their wellbeing, skills, and confidence. Such approaches should be used more widely in growing medical workforces. Further research should seek to follow-up returning doctors to determine longer term impact on their practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0767

Schema modes chemistry

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Background and aims.–
Background.– There have been various suggestions for couples attraction based on personality or traits for example, Keirsey, 1984; Hendrix, 1988 and Johnson, 2008. The only specific formulation of these proposals was that of Kersey personality theory where Kersey (ibid) postulated that the partner with the opposite Kersey personality type attracted each other due to the need for psychic growth. There was however no data for this proposal. It is postulated in this paper that partners are attracted to each other based on their dominant schema modes (Lobestaeel, et. al., 2008). Knowing the dominant schema modes is important for effective couple therapy (DiFrancesco et al., 2015; Atkinson, 2015).
Aim.– The current paper examines schema mode (Lobestaeel, et. al., 2008) as the main factor of attraction between couples.
Methods.– A group of 50 couples who have been cohabitating for at least 6 months voluntarily were asked to answer the schema modes questionnaire (ibid). Their dominant modes were analysed.
Results.– It was found that there was a consistent pattern of pairing of dominant modes for couples ($p < 0.05$).
Conclusions.– There is a pattern to couple attraction based on their dominant coping modes. This finding is consistent with previous hypotheses that opposite attracts for the purpose of psychic growth. The clinical implication of this finding is that one of the major contribution to couples conflict is their schema modes differences which should the main focus of couple therapy ie: schema couple therapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0771

Factors of participation in exercise therapy during in-patient treatment

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Background and aims.–
Introduction.– An active lifestyle is associated with certain positive physical health outcomes and mental benefits. However, previous studies have indicated that people with psychiatric disorders tend to fail to meet activity recommendations. Recent research has shown beneficial effects of physical activity in treatment of psychiatric disorders. For this reason, questions of practical implementation of exercise therapy interventions in psychiatric settings are highly relevant for clinical practice to increase patients' participation, reduce obstacles and enhance their motivation.
Objectives.– This study examines factors affecting participation and motivation of patients' exercise therapy treatments in Wahrendorff clinic. Male and female in-patient and day-clinic patients aged between 17 and 67 with a psychiatric diagnosis (ICD 10) will be studied. They have access to exercise therapy which is provided as individual and team sports by sports therapists and physiotherapists. Patients with eating disorders were excluded.
Methods.– A qualitative approach, using structured focus group interviews with patients and employees, was conducted from July to September 2018. The patient groups were same-sex as well as mixed-sex. One of the mixed-sex groups consists of patients who didn't participate in exercise therapy at all. The employee groups include physicians, psychologists, nurses, occupational therapists, sports therapists and physiotherapist.
Results.– Intrapersonal, interpersonal, environmental and institutional factors are analyzed. The first results will be presented.
Conclusions.– The results of the study might help to increase patients' participation, reduce obstacles and enhance their motivation to participate in exercise therapy in psychiatric in-patient and day clinical settings.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0772

Neuropsychological profile in children with learning difficulties

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Background and aims.– Introduction:Learning difficulties are represented by any difficulty encountered by a student during school career. Several studies have focused attention on the neuro-cognitive functions of children with learning difficulties, underlining the alteration of the following neuropsychological functions: executive functions, attention, verbal working memory, language, speed of processing and inhibition, reading and writing, verbal Learning and Memory, verbal comprehension, visuo-constructive abilities and visuo-conceptual skills (Rucklidge 2002, Jakobson 2007 Shahzadi Malhotra et al., 2009;).
Objectives.– Define and compare, in an Italian language sample, the neuropsychological profile of children with learning difficulties.
Methods.– Methods: The sample consists of 64 school-age children (ages 8 to 11), of which 37 males and 27 females. Tools used are: Raven 47 and BVN. Cognitive functions investigated were: selective visual attention, short term verbal memory, verbal working memory, the ability to read and write; the ability to reason or the ability to analyze, build and integrate a series of concepts
Results.– Results: all children showed greater impairment in visual selective attention with consequent relapses in the reading area. There were difficulties in the area of executive functions. The short term verbal memory and the working memory are more conserved. In addition, gender differences were found because the females achieved better performance in all areas investigated than males.
Conclusions.– Conclusions: In agreement with the international scientific literature it is important to study the neuropsychological

profile of children with learning difficulties, in order to strengthen the deficient areas and prevent school failures and dropouts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0773

Diagnostic challenges of automutilations: a case report

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Background and aims.– Automutilation is a common psychiatric behavior disorder. However, it could be the revealing sign of a rare neurological disease such as neuroacanthocytosis.
The aim of this work is to highlight the difficulty dignostique in front of automutilations and to show the importance to discuss the neurological origin.
Methods.– our work is about a case of a patient who consulted the dermatology department and then the psychiatry department for automutilations during the year 2016.
Results.– We report a case of a 39 year-old patient, without previous history of neurological disease. She is Born to Consanguineous Parents. She developed insidious oral automutilations. She was examined and followed by dermatologists and psychiatrists. No etiology was retained. She developed few months later movement disorders. Neurological examination has concluded to choreic mouvements interesting the head and upper limbs, tendon areflexia and cognitive impairement. Blood smear revealed acanthocytes (9%). Biological assessment showed a high level of muscular enzymes (CPK = 1000IU/L, LDH = 600IU/L). Cerebral MRI showed an atrophy of caudal nuclei. The EMG concluded to a sensitivo-motor axonal neuropathy, predominant in inferior limbs. Genetic assessment for Huntington disease was negative. We retained the diagnosis of neuroacantocytosis and the treatement was mainly symptomatic (Neuroleptics and vitamins). Evotution and prognosis were poor.
Conclusions.– Neuroacanthocytosis is a rare affection with a polymorphous clinical expression. We should consider that affection even with isolated inaugural psychiatric signs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0774

Mania associated with ginseng: a systematic review

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Background and aims.– Ginseng is one of the most widely used herbal medicine and is reported to have a wide range of therapeutic and pharmacological applications, including mood disorders and anxiety treatment. The global ginseng market is estimated to be worth $2 billion. Several studies analyse the risk-benefit of ginseng in terms of mental health.
Our objective was to evaluate whether ginseng can induce mania, and if so, to determine if the appearance of this effect could be related to a pre-existing condition and other patient characteristics.
Methods.– A systematic review was performed based on articles published in Pubmed, following the PRISMA guidelines and combining the use of electronic and manual methods. From 160 articles only 10 met the inclusion criteria for our review.
Results.– In 5 of the cases reported, the average time of ginseng consumption was 35 days prior to the onset of the symptoms. The symptoms occurred at different doses of ginseng. All of them required antipsychotic treatment. In at least four cases, hospital admission occurred with rapid remission of the symptoms. These episodes do not seem to be related with psychiatric background.
Conclusions.– No specific data could be obtained about epidemiology and pathogenesis. There are few reported cases in the scientific literature despite the extended use of ginseng. Using the recommended doses, ginseng does not seem to pose a risk of mania. Further studies are needed for a better understanding of this phenomenon.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0775

Parental death due to natural death causes during childhood abbreviates the time to a diagnosis of a psychiatric disorder in the offspring: a follow-up study

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Background and aims.– Approximately five percent of children face a parent's death before reaching adulthood, which has been shown to increase the offspring's risk of poor health outcomes and adverse social consequences. We aimed to find out whether a parent's death abbreviates time to a diagnosis of psychiatric disorders in the offspring and to study the effect of the most common death causes on this association.
Methods.– Data from various national registers on the time and cause of parents' deaths and on the time of psychiatric disorder diagnoses of the offspring up to 28 years of age were collected for a sample from the Northern Finland Birth Cohort 1986 (422 with parental death before their 18th birthday, and 6,172 matched controls). We compared the time to diagnoses between those with and without parental death using Kaplan-Meier and Cox regression analyses.
Results.– Of parental deaths, 334 (79.1%) were due to natural and 84 (19.9%) due to unnatural causes. The cohort members with parental death were given a diagnosis of a psychiatric disorder earlier than their controls (10-year survival proportions: 88.6% vs. 93.1%, $p = 0.001$). The corresponding survival proportions were 88.3% vs. 93.8% ($p = 0.001$) for natural causes and 89.2% vs. 90.6% ($p = 0.284$) for unnatural causes.
Conclusions.– Our findings indicate that parental death due to natural causes associates increasingly with psychiatric diagnoses of the affected offspring. Psychosocial support must be provided as early as when a parent falls ill, especially with those illnesses that are the most common causes of death in the population.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0777

A non smoking program in the psychiatric clinic: eradicating tobacco from the therapeutic space

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Background and aims.– Nicotine dependence is a global health problem and the second leading cause of death in the world. This article aims to present the improvement in the technique used by us. The results of the implementation of the treatment program in a clinic for treatment of chemical dependence. We also demonstrated that this treatment is possible and safe for patients with comorbid psychiatric disorders (anxiety, depression, personality disorders, bipolar disorder and schizophrenia) and drug use disorders (alcohol, marijuana, cocaine, crack, benzodiazepines with methamphetamine).
Methods.– 122 patients were evaluated at a psychiatric and drug treatment clinic in Rio de Janeiro, Brazil. Treatment consisted of smoking cessation therapy simultaneously with psychiatric treatment. These patients used pharmacological therapy associated with intensive cognitive-behavioral therapy, occupational therapy, and moderate physical activity. In addition to the associated therapy, smoking was limited to three cigarettes daily from the first day of hospitalization. The drug used for the treatment of smoking was used, as recommended by the manufacturing laboratory. Disorders for drug use and psychiatric illness were treated as usual.
Results.– Only 82 (67.21%) patients answered the questionnaire after 12 months of follow-up. 35 (52.43%) of those who were still abstinent. The percentage of abstinence in post-discharge patients, according to previous evaluations (2008–2009) with a 12-month follow-up, was 51%.
Conclusions.– A high number of patients accepted treatment as well as abstinent patients after discharge. Behavioral group therapy and physical activities can all be important allies. It is important to remember that behavioral changes also exert great influence in maintaining abstinence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0778

Evolution of attitudes of Tunisian medical students towards psychiatry over years

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Background and aims.– Stigma attached to the mentally ill is a universal phenomenon.
We aim to explore the perceptions of medical students related to Psychiatry and mental illness, and to compare these perceptions at three different time points: 2006, 2013 and 2018.
Methods.– We conducted a cross-sectional descriptive, analytic and comparative study in 5th year medical students of the Tunis Medical Faculty between April and May 2018. Students responded to a questionnaire elaborated for this study to explore the perception of mental illness and psychiatric training. Results are compared with those of 2006 and 2013 conducted with the same methodology.
Results.– 30 students were included. Psychiatry was perceived as essential for 70%, 60.7% and 60% of students in 2018, 2013, 2006 respectively. It remained a science reserved for specialists for 26.7% of students in 2018 in comparison with 30% in 2006. The rate of students who think that psychiatry is an obscure science has significantly decreased from 2006 to 2018. None of the students interviewed in 2018 considered that the mental patient can be recognized by the inspection. This attitude was different from that of 2006 (23.3% of students).
Conclusions.– Positive attitudes towards psychiatry among medical students is to encourage because stigmatizing attitudes among doctors themselves can result in compromised patient care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0779

The effects of social networking on adaptation to college life for freshmen

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Background and aims.– Maladjustment in the first year of college is likely to lead to academic probation and drop-out. Previous studies have shown that as the adjustment of social relationships decreases, organizational commitment, satisfaction, and mental health are lowered. Therefore, in this study, we examined the effect of social networking on academic and psychological adaptation to college life through the analysis of practical friendship among freshmen.
Methods.– Data were collected twice from September 2017 to February 2018. 29 freshmen in a women's university in Seoul, South Korea participated in this study. Participants completed below questionnaires - social networking variables (in and out degree centrality, closeness centrality, and network size), mental health factors, and adaptation to college. We collected GPA and absence rate after semester. We estimated pairwise correlation among the social networking variables, the mental health variables and the college life adjustment variables, and then conducted linear regression to analyze the effect of social networking on mental health and adaptation to college life.
Results.– The net size, in and out degree centrality, and closeness centrality in the beginning of the semester were significant predictors for GPA. The closeness centrality in the beginning of the semester was a predictor for worry and negative effect on the absent rate. The in-degree centrality in the close of the semester was a predictor for GPA and alcohol dependence. But it had negative influence on the cell phone addiction and absent rate.
Conclusions.– In this study, the social networking was associated with the academic and mental adjustment of freshmen in college.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0780

Internalized stigma, disclosure and self- esteem among psychiatric patients in a general hospital outpatient clinic

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Background and aims.–
Introduction.– Psychiatric patients often experience internalized stigma which occurs when persons accept the negative attitudes of others towards them, then internalise and apply these beliefs to themselves.

Objectives.– We assess the effects of internalized stigma on illness disclosure and on self -esteem. We hypothesize that internalized stigma is associated with avoidance of illness and treatment disclosure as well as reduced self -esteem, and that these effects are more pronounced among psychiatric patients than controls.
Methods.– Psychiatric patients and controls comprising patients with medical problems between ages 21 and 65, were randomly selected by computer to participate in the study, conducted in the waiting area of a General Hospital specialist outpatient clinic. Assuming a moderate difference between psychiatric patients and controls for a power of 80%, a minimum of 65 subjects in each group would be required to achieve a statistically significant result. The following rating scales were used Rosenberg Self Esteem Scale and the Internalized Stigma of Mwental Illness Scale.
Results.– Psychiatric patients demonstrated significantly lower levels of self-esteem than controls. Internalized stigma scores were highest for singles, and lowest among the married, and older patients. Among psychiatric patients, high levels of internalised stigma were significantly associated with low levels of self-esteem, higher levels of experienced discrimination and higher number of domains in which discrimination was experienced. Those who avoided disclosure had significantly higher internalized stigma scores than those who self -disclosed.
Conclusions.– The results confirmed our study hypotheses. Marriage and older age seemed to confer a protective effect on self -esteem.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Others - Part III

E-PP0781

Anxiety, depression and burnout in hospital physicians: comparison between psychiatrists and non-psychiatrists

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Background and aims.– Physicians are exposed to professional burnout (1). For some, psychiatrists are the most vulnerable (2). Data comparing them to other practitioners are however sparse (3).
The aims were to compare anxiety, depression and burnout scores among hospital psychiatrists and non-psychiatrists.
Methods.– In 2017–2018, we conducted an online survey among physicians working in 21 hospitals or clinics in the south and in the east of Paris. The 61-items questionnaire included the Hospital Anxiety and Depression Scale (HADS) and the Copenhagen Burnout Inventory (CBI).
Results.– 288 psychiatrists and 414 non-psychiatrists responded to the survey (response rate = 40.2%). Anxiety score (HADS-A) was significantly higher among non-psychiatrists (8.66 vs 7.85; $p = 0.0050$), while both personal and interpersonal-related burnout scores (CBI) were significantly higher in psychiatrists (47.2 vs 43.9; $p = 0.0165$ and 43.8 vs 38.1; $p = 0.0005$, respectively). Depression scores (HADS-D) and professional burnout scores (CBI) did not differ significantly.
Conclusions.– Designed to compare psychiatrists to other practitioners, this survey highlights some differences. Both personal and interpersonal-related burnout scores were higher in psychiatrists, while their anxiety scores were lower. Besides, work-related burnout scores between psychiatrists and non-psychiatrists did not differ significantly. These results are discussed in consideration of responses bias, socio-demographic and professional characteristics, and psychological risk-factors differences between psychiatrists and non-psychiatrists.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0783

Prevalence rate of internet addiction and its relation with self-esteem, obsession-compulsion, and insomnia

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Background and aims.– The aims of this study were to (a) estimate the prevalence of Internet addiction, (b) explore its relationship with self-esteem, obsession-compulsion, and insomnia, and (c) analyze the correlation matrices to explore the main component (s).
Methods.–
Participants.– A convenience sample of 1021 Kuwait University students from different specialities was recruited. Their ages ranged from 17 to 37.
Scales.– The Compulsive Internet Use Scale (CIUS)(Meerker et al., 2009)Self-esteem Scale (SES) (Rosenberg, 1989 the Arabic Scale of Obsession-Compulsion (ASOC) (Abdel-Khalek, 1998) the Arabic Scale of Insomnia (ASI) (Abdel-Khalek, 2004).
Results.– Table (1) presents the prevalence rates of Internet addiction. The same table shows that men obtained a significantly higher rate than did their female counterparts in the percentile 90.
Table (2) shows the descriptive statistics of the study measures and the *t* values statistically significant differences between men and women in the Internet addiction scale, the insomnia (men had the higher mean scores), and the obsessive-compulsive scale (women obtained the higher mean scores).
Table (3) indicates statistically significant correlation coefficients between Internet addiction, obsessive-compulsive and insomnia, and this result is relevant to both sexes.
Table (4) Principal components analysis results. The correlation matrices of men and women were analyzed separately using the principal components analysis, In men, the first factor could labeled internet addiction and insomnia, and the second factor

could labeled Self-esteem versus obsession. In women, one factor retained and labeled Internet addiction and psychopathology.
Conclusions.– Internet addiction is significantly higher among male compared to female students, and it is significantly related to both obsession-compulsion and insomnia in both sexes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0784

Factors influencing the self-esteem level of the school children with haemophilia A

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Background and aims.– Issues of developing self-esteem are in the focus of interest of various psychological directions. In the context of clinical psychology it is important to investigate the impact of a chronic disease on the development of the self-esteem.
The aim of the current research is studying the impact of various factors on the self-esteem development of the schoolchildren with haemophilia A.
Methods.– The research sample consists of 58 schoolchildren in the age from seven to ten years, 28 of them with the diagnosis Haemophilia A and 30 their healthy peers.
The research methods include: (1) Dembo-Rubinstein Method of Self-Esteem Studying in Prikhozhan's adapatation (1988); (2) Lipkina's technique Three Evaluations (1976); (3) Tree Test (Lampen, in adaptation of Ponomarenko, 1999); (4) Technique Wonderland of Feelings (Grabenko et al., 2006); (5) Draw-a-Person Test (Machover, 1946).
Results.– The research shows that the children with haemophilia demonstrate inadequate (either high or low) self-esteem level comparing with their healthy peers. Although we have not found out a higher level of asthenia and anxiety in the group with haemophilia, it is important to mention that such internal conflicts as rejection of fight and the fear of the failure can be seen significantly more often than in the group of healthy children.
Conclusions.– We would like to emphasize the importance of a family upbringing encouraging the children with a chronic disease to make decisions, even smaller ones, by themselves. In some cases the special psychological intervention program for such children should be designed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0785

Fecal short chain fatty acids and emotions – is there a link?

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Background and aims.– The neural communication within gut-brain axis occurs predominantly *via* the vagus nerve, while biochemical signaling involves hormones, cytokines and bacterial metabolites, among them short chain fatty acids (SCFAs). SCFAs being produced by gut microbiota during fermentation of non-digestible polysaccharides serve as immuno-regulatory compounds. Alteration of the intestinal microbiota could therefore influence inflammatory state and central nervous systems function encompassing emotional state and cognition. The aim was to analyze the link between the concentration of short chain fatty acids and emotional state in women in the perimenopausal age.
Methods.– To analyze the emotional state Beck's depression scale was used. SCFAs concentration by means of gas chromatography system with a flame ionization detector and silica capillary column with a free fatty acid phase (DB-FFAP, $30\,m \times 0.53\,mm \times 0.5\,um$) was used.
Results.– There were 116 women aged 52.0 ± 4.7 years old enrolled. The mean points in Beck's scale was 8.7 ± 9.4 (range 0-38) which allowed to recognize mild depression in 51(44.0%) women and moderately heavy in 4(3.5%). We found that no-depressive women had significantly higher concentrations (μmol/g) of acetic, propionic and linear valeric acids (37.41 ± 15.38 vs. 30.81 ± 12.40; 22.74 ± 11.74 vs. 18.88 ± 7.78; 7.06 ± 3.42 vs. 5.92 ± 1.94, respectively; $p < 0.05$) and a tendency toward higher level of all SCFAs (112.71 ± 48.45 vs. 97.64 ± 31.23, $p = 0.05$) branched valeric (9.08 ± 4.96 vs. 7.54 ± 3.06; $p = 0.05$) and lower concentration of heptanoic (1.1 ± 1.45 vs. 1.26 ± 1.00, $p = 0.05$) acids. There were weak negative correlations between all SCFAs, acetate and propionate and Beck's points ($r = -0.183$; $r = -0.2$; $r = -0.21$, respectively; $p < 0.05$), and a tendency toward it regarding linear valeric acid ($r = -0.17$; $p = 0.07$).
Conclusions.– SCFAs contribute to human emotional health
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0786

Physical activity of people with mental disorders compared to the general population: a systematic review of longitudinal cohort studies

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Background and aims.– There has been limited examination of the bidirectional association between physical activity (PA) and mental disorders using longitudinal studies. The current review aimed to investigate if (a) people with lower PA have an increased risk of subsequent mental disorders (compared to those with higher PA); and (b) people with mental disorders have reduced subsequent PA (compared to those without mental disorders).
Methods.– A systematic review of longitudinal studies examining PA and mental disorders was conducted. Longitudinal studies were population-based. Mental disorders were defined by International Classification of Diseases or Diagnostic and Statistical Manual of Mental Disorders. The results were described in a narrative summary.
Results.– Eighteen studies were included and all measured self-report PA. The majority (sixteen) examined mood disorders and PA. Three studies found a reduced risk of subsequent mood disorders in those with increased PA, five reported mixed results and five found no association. One study reported an increased risk of reduced PA in those with prior mood disorders but three other studies examining the relationship found mixed results. Of four studies examining anxiety disorders and PA, one study found that those with prior anxiety disorders had reduced subsequent PA. Among three studies examining the reciprocal relationship, no association was identified

between PA and subsequent anxiety disorders. None of the included studies found association between PA and subsequent substance use disorders or psychotic disorders.
Conclusions.– There is a lack of consistent evidence linking PA to be either a risk factor or consequence of mental disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0787

How to assess an HIV+ mild cognitive impairment? Results for a pilot survey

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Background and aims.– The prevalence of milder subtypes of cognitive impairment is increasing among HIV-associated neurocognitive disorders despite viral suppression by antiretroviral agents.
Objectives.– We are reporting on a screening tool for cognitive impairment and psychopathology on an HIV+ clinical population.
Methods.– A cross sectional feasibility study was conducted among patients at an HIV/AIDS Clinic in Ottawa, in 2016. HIV+ subjects were aged 18–65 years old with undetectable viral load for at least 6 months. A neurocognitive and psychiatric assessment was used. It consisted of the Montreal Cognitive Assessment (MoCA), The International HIV Dementia Scale (IHDS), the Psychiatric Diagnosis Screening Questionnaire (PDSQ) and a home-made opinion questionnaire.
Results.– We interviewed 30 participants, including 10 women, 18 said that they would be willing to repeat the assessment, 17 found it very easy to understand and follow instructions. The mean IHDS global score was 10.5, mean MoCA score was 25.8, mean PDSQ score was 43.5. Their mean CD4/CD8 ratio was at 0.9.
Conclusions.– There is evidence of the feasibility of this assessment tool based on participants' satisfaction rating. Most of the results were within normal limits for cognitive functioning and psychopathology. Their immune system was still affected by HIV. This study needs to be replicated to determine if HIV+ patients have mild cognitive impairments and genuine psychiatric disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0789

New diagnostic avenues regarding cognitive functioning and central coherence in high functioning adult males with autism spectrum disorder (ASD)

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Background and aims.–
Introduction.– Autism Spectrum Disorder (ASD) in adults, especially high functioning ones is often difficult to differentiate. Therefore, many adults with neurodevelopmental disorders are misdiagnosed and their neuropsychological difficulties not properly addressed. Moreover, frequent comorbid issues make diagnosis a challenging prospect.
Objectives.– Assessment of a neuropsychological profile of high functioning individuals with ASD.
Methods.– Participants: 30 males with ASD (as in DSM V) and 30 demographically matched controls. Mean age was 30 years. The tests used in the research were: global and local central coherence tests, D2 Attention Test, Verbal Fluency, Digit symbol substitution test and TMT (b).
Results.– Initial results indicate that high-functioning men with ASD achieve similar score in central coherence tests, but they need significantly more time in solving them. The performance on cognitive functioning test has not yielded any conclusive results so far, aside from the time and accuracy in TMT (B) test. Individuals with ASD were significantly slower and more accurate in this test than the healthy control.
Conclusions.– High functioning individuals with ASD show only discrete changes in neuropsychological profile. What stands out is their ability to be similarly (or even more) accurate in their performance as the control group, yet significantly slower in their reaction time. This shows especially in the central coherence tasks which require taking situational context into consideration. This may indicate that high functioning ASD individuals can compensate for cognitive deficits to achieve similar performance as the healthy control. One variable that differs them is the time they need to do it.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Pain and treatment options

E-PP0790

Sub-psychotomimetic dose of ketamine induced analgesia in mice

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Background and aims.– The roles of *N*-Methyl-D-Aspartate (NMDA) receptor in the processing of nociception had led naturally to renewed clinical interest in ketamine. Low-dose ketamine had been reported to possess analgesic effect, however the paucity and inconsistency of such data has called for direct evaluation of this claim. This study therefore explored the analgesic effect of a sub-psychotomimetic dose of ketamine (SPDK), evaluated such effect on morphine- and diclofenac-induced analgesia and determined the possible neuronal mechanism.
Methods.– Mice weighing between 18–25 g were randomly distributed into two major groups consisting of Group 1 and 2 which were used for the assessment of analgesic effect and determination of neuronal mechanism of 1 mg/kg ketamine using the hot plate model; and the formalin-induced pain model respectively. Data were presented as mean ± SEM and analyzed using ANOVA followed by post-hoc analysis (Student-Newman–Keuls) and $P < 0.05$ was set as an accepted level of significance.
Results.– The SPDK induced significant analgesia in the hot plate model but showed no analgesic effect rather allodynia in the formalin-induced pain model. In addition, SPDK potentiated morphine-induced and diclofenac-induced analgesia in both the hot plate and formalin tests, while naloxone significantly blocked its analgesic effect at 90 minutes post-administration in the hot plate test.
Conclusions.– This study showed that SPDK induced analgesia more effectively in the acute pain model but otherwise in the chronic pain model. It also potentiated both morphine and diclofenac-induced analgesia possibly mediated through modulation of opioidergic pathway in mice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0792

Randomized clinical trial to compare the effectiveness of a mindful self-compassion program and a behavioral-cognitive intervention to improve quality of life in chronic pain patients

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Background and aims.– Around 10–23% of people suffer from chronic pain. Chronic pain has a huge impact on patient's life.
Cognitive-Behavioral therapy (CBT) has been the most common therapy in chronic pain up to now. Other kind of interventions are emerging (Mindfulness interventions) which are, at least, as effective as CBT.
Neff and Germer developed a specific program to improve self-compassion, Mindful Self-Compassion (MSC), that is useful in a variety of clinical problems.
The aim of this study is to compare the effectiveness of MSC program and CBT program to improve Quality of Life and Self-Care in chronic pain.
Methods.– We conducted a RCT with 2 arms of treatments in a chronic pain patients sample of Hospital Unviersitario La Paz, Madrid. $N = 160$. Group interventions, 8 sessions, weekly. We collected data of anxiety, depression, catastrophizing, pain interference self-compassion, and quality of life. These outcomes were measured at the beggining and at the end of the intervention through clinical interview, HADS, SCS, BPI, CPAQ, PCS and SF-36.
Results.– We are still collecting and analizying data.
Preliminary results.– It seems that MSC is, at least, as effective as CBT to improve some aspects of quality of life of chronic pain patients; also as effective as CBT to reduce anxiety and depression, and more effective than CBT to improve self-compassion.
Conclusions.– These results are promising in order to find effective interventions to this prevalent clinical problem.
Forward, we are collecting data of results in a 6 months follow-up, because it is important to find interventions capables of maintaining results across time.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0795

Pharmacological and non pharmacological strategies in fibromyalgia - A review

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Background and aims.– Fibromyalgia is a chronic pain condition presented in at least 2% of the population. Fibromyalgia is characterized by widespread pain with similarities to neuropathic pain and is often accompanied by fatigue, sleep compromise, memory impairment, irritable bowel syndrome and mood disorders. The diagnosis of fibromyalgia should not be an exclusion diagnosis and often appears in patients with other conditions. No clear pathophysiology mechanism has been established in this condition but an abnormality in central pain processing is suggested by evidence. This condition is responsible for a great decrease in quality of life of patients.
The aim is to do a review of management strategies.
Methods.– A literature review was conducted using the PubMed search database.
Results.– Successful management of this condition should blend education, patient support, physical therapy, exercise, nutrition, cognitive behavioral therapy and pharmacological therapy. Patient self-handling is of extreme importance in aiming for a good management. Pharmacological therapies with high quality evidence include triciclics, serotonin norepinephrine reuptake inhibitors, and gabapentinoids. More controversial is the use of various opioids, dopamine agonists and cannabinoids.
Conclusions.– Fibromyalgia is a complex condition that requires a multidisciplinary approach from clinicians. Further evidence-based knowledge is needed to better comprehend the mechanisms of this condition as well as to give more and better pharmacological options in the treatment of this patients and improve their quality of life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0796

Methadone used in the management of cancer pain

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Background and aims.–
Introduction.– Pain is a common symptom with cancer and opioid (morphine-like) drugs are commonly used to treat moderate or severe pain. Methadone is a treatment option in oncological pain, allowing lower opioid rotations.
Objetives.– we describe the rotation of transdermal and inhaled fentanyl to methadone in patient with opioid misuse and cancer pain.
Methods.– Observational study of a 57-year-old male patient diagnosed with esophageal carcinoma, in treatment with fentanyl in palliative care unit (PCU). The department of psychiatry made an assessment of the patient and the use of opioids that he made. He was admitted to the hospital to make methadone rotation.
Results.– Admission diagnosis was opioid-induced hyperalgesia and misuse. His usual dose of opioids was: transdermal fentanyl 100 mcg/day and inhaled fentanyl 100mcg rescue. Daily dose was 3,076 morphine miligrams equivalents (MME) for last 6 months. Equivalence was performed with methadone dose using a conversion factor below 10 percent of the daily dose MME. The patient was treated with methadone 160 mg delivered every 12 hours. No opioid withdrawal syndrome was sustained during rotation, no rescue was required for pain or craving was observed.
Conclusions.– Patients with cancer pain are not exempt from developing opioid misuse/abuse during treatment. Methadone should be taken into account as the first line in patients in PCU, but nevertheless, it is underused in our environment, may be for stigma associated.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0797

Depression and anxiety spectrum disorders in patients with myofascial facial pain syndrome

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Background and aims.– According to the literature, the presence of anxiety-depressive disorders in patients with chronic pain varies between 10–100%.
Objective is to evaluate the severity of anxiety and depression in patients with chronic facial myofascial pain syndrome (FMPS).
Methods.– Prospective randomized study included 20 healthy subjects (control group) and 40 patients with FMPS: 20 with temporomandibular joint dysfunction syndrome (TJDS) and 20 without TJDS. The diagnosis met International Classification of Headache Disorders criteria 2018 (ICHD-3). Depression or anxiety, evaluated with Hospital Anxiety and Depression Scale, was considered if the score was $\geq$10. The pain severity was assessed using a Visual Analog Scale (VAS)
Results.– The mean age of the patients in the control group was 33.4 ± 7.2 years, in patients with TJDS and without TJDS- 36.8 ± 7.9 and 29.5 ± 4.8 years, respectively. The pain intensity in both groups was 4.9 ± 0.7 and 6.8 ± 0.9 VAS points, respectively. HADS points for anxiety and depression subscales in the control group were 3.3 ± 0.4 and 1.9 ± 0.5, whereas these values were significantly higher in groups with and without TJDS (14.2 ± 1.5 and 15.9 ± 2.1, $p = 0.04$-for the anxiety subscale,14.8 ± 2.0 and 13.1 ± 1.8, $p = 0.03$ - on the subscale of depression). At the same time, the anxiety was higher in the group without TJDS, while depression - with TJDS symptoms. Higher pain descriptors were associated with the highest rates of depressive disorders in groups with TJDS ($p = 0.02$) and without TJDS ($p = 0.04$).
Conclusions.– FMPS is accompanied by severe comorbid disorders, such as anxiety and depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0800

Perceptions of weight control among older adults with knee osteoarthritis

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Background and aims.– Knee osteoarthritis (OA) affects mostly older adults. The primary risk factor for knee OA is obesity. Knee OA significantly affects daily activities and causes joint pain. However, few studies have explored weight control in this group. The aims of this study were to understand weight-control strategies, facilitators of and barriers toward weight control among older adults with knee OA who refused total knee arthroplasty (TKA).
Methods.– Older outpatients ($N = 120$) were recruited from the orthopedic clinics of three hospitals in northern Taiwan. Data were collected through individual in-depth interviews using a semi-structured interview guide and analyzed using thematic analysis and ATLAS.ti, version WIN 7.0.
Results.– Among participants, only 25% had body weight in the normal range and 58.3% expressed they were controlling their weight. Their most common weight control strategies were to decrease the amount of food (98.6%) and to maintain daily activities (22.9%). Common facilitators of their weight control were desiring good health (37.5%), wanting to decrease knee load (30.8%), perceiving that they had gained weight (28.3%), wanting to look good (9.2%), and advice from healthcare providers (7.5%). Common barriers to weight control were perceiving that dietary control was challenging (19.2%), not overweight and not needing to control weight (18.3%), wanting to eat natural and not feeling the need to control weight (12.5%), and had tried before but in vain (5%).
Conclusions.– Our findings provide information for healthcare providers to understand how weight control is perceived by older adults with knee OA and serve as a reference for developing weight-control programs.

E-Poster Presentation: Personality and Personality Disorders - Part I

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

E-PP0801

Prevalence of psychopathic traits in a sample of the Portuguese population

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Background and aims.– Psychopathic traits can be found among individuals from the general population, but little is known in the Portuguese population. This study aims to examine the distribution of psychopathic traits in a sample of the Portuguese population using an internet survey of members of the general population.
Methods.– 255 participants with ages between 18–77 years old, mean age 33.98 ($SD = 14.01$), 172 females and 83 males, assessed with a sociodemographic questionnaire and the 26-item version of the Levensons Self Report Psychopathy Scale that measures "primary" psychopathy (selfish, insensible, and manipulative style), and "secondary" psychopathy (impulsivity and self-defeating style). We computed cut-offs within the population using the distribution of continuous scores (median value) for the primary and secondary psychopathy.
Results.– The prevalence of primary psychopathy was 39.6% and of secondary psychopathy was 49.8%. The primary psychopathy was more prevalent in males (56.4%; $c2 = 43.46$, $p < .001$; $f = 0.41$), with ages between 36–64 years (44.6%; $c2 = 22.152$, $p < .001$, $f = 0.30$), and with no-partner (61.4%; $c2 = 8.89$, $p < .01$; $f = 0.19$). The secondary psychopathy was more prevalent in females (59.1%; $c2 = 8.12$, $p < .01$; $f = 0.18$), with no significative associations with other sociodemographic variables.
Conclusions.– Our preliminary findings indicate that psychopathic traits prevalence is high in the general Portuguese population. We found differences between categories of sociodemographic variables in the expression of psychopathic traits; sex differences follow previous research, but other differences raise questions to future investigation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0802

Swedish universities scales of personality: relation to other personality constructs

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Background and aims.– Different personality inventories are used to mapping personality traits. Swedish universities Scales of Personality (SSP) is a 91-item self-rated questionnaire developed from the Karolinska Scales of Personality (KSP) and is available to use free of charge. Few studies have investigated relationship between SSP and other personality constructs.
The aim is to investigate correlations between SSP scales and scales of the following personality constructs: KSP, revised Chapman scales, Structural Clinical Interview for DSM-III-R axis II screening questionnaire (SCID-II screen), Schizotype, Impulsive and Borderline scales (SKIB-79), revised NEO personality inventory (NEO-PI-R) and Health-Relevant 5-factor Personality inventory (HP5i).
Methods.– Healthy individuals ($n = 619$) drawn from a population register, recruited among students or hospital staff members, or non-psychotic siblings and parents of patients with psychotic disorder completed self-report personality questionnaires including SSP and at least one more personality inventory. Correlations where calculated between the 13 different SSP subscales and scales/subscales in KSP, Chapman, SCID-II screen, SKIB-79, NEO-PI-R and HP5i.
Results.– The SSP scales were generally highly correlated with the corresponding KSP scales. Strong correlations between SSP scales and scales of the other constructs were sparse, although weaker correlations were common. SSP neuroticism-related scales correlated to NEO Neuroticism ($r = 0.80$), SSP extraversion-related scales to NEO Extraversion ($r = 0.63$), and SSP aggressiveness-related scales to NEO Agreeableness ($r = -0.56$).
Conclusions.– SSP is useful as a personality construct when measure personality traits related to temperament-like features. The different personality inventories are not completely comparable to each other. Instead, they measure personality aspects in partly different ways.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0804

The Spanish adaptation of the mindful attention awareness scale-children (MAAS-C-S): internal consistency reliability in adolescents

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Background and aims.– Measures that assess mindfulness can be too difficult to be understood by adolescents. Therefore, scale items adapted for children could be a suitable option to assess youths on this dimension.
Objectives.– To examine the internal consistency reliability of the Spanish version of the Mindful Attention Awareness Scale-Children (MAAS-C-S) in a non-clinical adolescent sample.
Methods.– A sample of 516 adolescents (52.7% females) from the two high schools of Marchena (a town in the Province of Seville in Andalusia, Spain) was enrolled. Participants' age ranged from 14 to 19 years (mean age: 16.15; *SD*: 1.23). The MAAS-C was adapted to Spanish by using a forward and back translation process, under the guidance of the authors of the original version of the MAAS-C. Also, the final Spanish adaptation of the scale was pilot tested to check if the items were correctly understood and to identify any difficulties in answering them. To assess internal consistency reliability of the MAAS-C-S, alpha coefficient and mean inter-item correlation (MIC) were computed.
Results.– The values of the reliability indexes computed were the following: Cronbach's alpha = 0.86 and MIC = 0.31, within the good and optimal range, respectively.
Conclusions.– The MAAS-C-S is a reliable measure to assess unidimensionally trait mindfulness in samples of adolescents. The MAAS-C-S is an easier version to avoid possible understanding difficulties of the items in youths.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0805

Internal consistency reliability of the Spanish adaptation of the self-compassion scale adapted for children (SCS-C-S)

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Background and aims.– The adaptation of extant self-compassion measures to other languages is fundamental to compare results across countries. However, special attention must be paid to possible understanding difficulties of the items, because self-compassion can be a complex construct for youths. This is the first study to examine a Spanish adaptation of the Self-Compassion Scale adapted for children (SCS-C-S) in an adolescent sample, doing so to assure better understanding of the scale items.
Objectives.– To examine the internal consistency reliability of the SCS-C-S in a non-clinical adolescent sample.
Methods.– A sample of 516 adolescents (52.7% females) from the two high schools of Marchena (a town in the Province of Seville in Andalusia, Spain) was enrolled. Participants' age ranged from 14 to 19 years (mean age: 16.15; *SD*: 1.23). The SCS-C was adapted to Spanish by using a forward and back translation process, under the guidance of the authors of the original version of the SCS-C. The final Spanish adaptation of the scale was pilot tested to check if the items were correctly understood. To assess internal consistency reliability of the SCS-C-S, alpha coefficients and mean inter-item correlations (MICs) were computed.
Results.– Total score: Cronbach's alpha = 0.78 and MIC = 0.22; Factor 1: Cronbach's alpha = 0.83 and MIC = 0.45; Factor 2: Cronbach's alpha = 0.69 and MIC = 0.27.
Conclusions.– The total SCS-C-S score is a reliable measure to assess self-compassion in the adolescent population, while isolating a second factor leads to worse internal consistency reliability.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0806

A systemic analysis of the emotional deregulation and the reality test impairment in patients with borderline personality disorder

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Background and aims.–
Introduction.– The present work aims to continue a previous study that explored the role of MMPI-2 PSY-5 scales in the BPD diagnosis (Galletta et al.). In that study clinically significant elevations emerged both in the PSYC scale and in the NEGE scale, highlighting difficulties in emotional regulation and transient deficits in the reality test (Galletta et al.) in patients with BPD. The present work analyses the role of MMPI-2 Sc scale and its respective Harris and Lingoes subscales (Sc1, Sc2, Sc3, Sc4, Sc5, Sc6) in the diagnosis of BPD.
Objective.– To demonstrate the correlation between BPD diagnosis, emotional deregulations, andreality test impairment.
Methods.– It was administered the MMPI-2 test on a group of subjects
Results.– In patients with DBP there is a significant difficulty in managing one's emotions and having control over reality. In fact, theSc values are over 70, revealing, consequently, thought disorders, eccentric behaviours, poor contact with reality, followed by a strong emotional impulsiveness (Sc5 > 70) and a strong tendency to social isolation (Sc1 > 70).
Conclusions.– This study highlighted the presence of two fundamental aspects that characterize the personality traits of patients with Borderline Personality Disorder. This is very important because it affects the treatment process. Acting on these aspects, a rapid improvement of the patient can be achieved.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0807

Further indication of a dissociation between cognitive and affective empathy in borderline personality disorder

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Background and aims.– Self-report studies on empathy in borderline personality disorder (BPD) have built upon the Interpersonal Reactivity Index (IRI). Nevertheless, the structure of this scale does not enable for comprehensive measurement of the two broader dimensions of empathy, differentiated by its contemporary models, i.e., cognitive (CE) and affective empathy (AE). Additionally, this line of research has focused almost exclusively on *between-group* differences. The results of the only study that has hitherto explored the relevant *within-group* differences demonstrated higher CE than AE in healthy controls (HCs) and the reverse pattern in BPD, thus suggesting a dissociation between empathy types in this disorder (Harari et al., 2010). However, the difference in the second group was slightly below the level of significance and the IRI was the questionnaire employed to measure empathy. Therefore, the aim of the current study was to investigate the differences between CE and AE within BPD and HCs groups with the use of a valid self-report tool.
Methods.– Thirty women with BPD and 38 healthy women completed, i.a., the Questionnaire of Cognitive and Affective Empathy, Raven's Progressive Matrices, TAS-20, STAI, and CESD-R.
Results.– The difference between empathy types was medium and significant in the BPD group ($p = 0.009$, $\eta^2 = 0.10$), but small and at the verge of significance in HCs ($p = 0.07$, $\eta^2 = 0.05$).
Conclusions.– Given the pattern of results in HCs, patients with BPD manifested the dissociation between CE and AE. These findings seem to support Harari and colleagues' (2010) suggestion that lower-level automatic AE processes may not be effectively regulated by higher-order CE processes in BPD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0809

Implementation of grupal systems training for emotional predictability and problem solving (STEPPS) in the healthcare system of the Basque country (Spain)

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Background and aims.– Borderline Personality Disorder (BPD) is a severe medical condition with elevated functional deficits. It requires frequent clinical assistance in emergency services and constitutes a substantial portion of the caseload. Furthermore, there are several and non-specific therapeutical responses. This paper aims to evaluate the outcomes of STEPPS, which combines cognitive-behavioral elements and skills training with a systems component.
Methods.– STEPPS was implemented in Álava (Spain). Two weekly treatment groups of two hours were carried out between January-June 2017 and September-May 2018. Inclusion criteria were defined as having ≥5 criteria of the DSM5 for BPD. Exclusion criteria were substance use disorder, psychopathy and IQ < 75. A sample of 33 participants was analyzed. Data was seeked by descriptive analysis of clinical charts in reduction of parasuicidal attempts, emergency care visits and adherence. A quantitative analysis of the self-report questionnaires Borderline Symptoms List (BSL) and Difficulties in Emotion Regulation Scale (DERS) before, during and at 3-month follow-up.
Results.– 72% of our sample completed the treatment. Our analysis showed a decrease of 51% in hospitalizations. Moreover, the completers showed a reduction of 50% in parasuicidal attempts, and remained stable. Also a decrease of emergency care visits was shown until 12-months follow-up.
Conclusions.– The STEPPS program provides an effective approach to the treatment of BPD, and achieves a significant reduction of parasuicidal attempts and emergency care visits as the evidence of previous studies. Further evidence of the effectiveness of this program within Osakidetza healthcare system is needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0810

Problematic generalized internet use: the predictive role of neuroticism, extroversion and gender in a sample of Portuguese university students

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Background and aims.– Although the studies about unhealthy Internet use have grown considerably in the last two decades, in Portugal the research in this area is sparse.
This study aims to explore the associations between and the predictive role of Neuroticism, Extroversion and gender in Problematic Generalized Internet Use.
Methods.– A sample of 300 Portuguese university students was recruited using a convenience sample. The majority were females (79,7%), single (99%), with a mean age of 20,37 years old (SD = 1,72; range: 18–25). Participants fulfilled a sociodemographic ques-

tionnaire, the Portuguese version of the Generalized Problematic Interne Use Scale 2 and a Portuguese short version of the NEO Personality Inventory.
Results.– Males presented significant higher scores (Md = 174,19) than females (142,62) in Negative Consequences (U = 5598,500, z = −2,67, p = ,008). Neuroticism was significant and positively correlated with all Problematic Generalized Internet Use (UGPI) factors: Preference for Online Social Interaction (rho = ,175**, p = ,003), Mood Regulation (rho = ,285**, p = ,000), Deficient Self-regulation (rs = ,238**, p = ,000) and Negative Consequences (rho = 233**, p = ,000). Extroversion was significant and negatively correlated with Preference for Online Social Interaction (rho = -,192**, p = ,001) and Mood Regulation (rho = –,152*, p = .011). Neuroticism was a significant predictor of all UGPI factors and Gender was also a significant predictor of Negative Consequences.
Conclusions.– Males present more negative consequences caused by the problematic Generalized Internet Use, being more vulnerable than females. Neuroticism, such as gender, is an important personality factor in the UGPI aetiology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0811

Prescription of psychotropic drugs in a group treatment program of male domestic violence perpetrators

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Background and aims.–
Introduction.– Several guidelines exist on the prescription of psychotropic medication in personality disorders. Little is known about the rationale and practice in a sample of domestic violence perpetrators.
Aim.– To test what categories of psychotropic drugs are prescribed in a sample of male domestic violence perpetrators in a voluntary outpatient treatment program and to assess comorbid personality disorder.
Methods.– A cross-sectional retrospective investigation of medical records was performed in 72 male patients. Personality disorder diagnosis was established based on DSM-IV-TR criteria. Through screening of records (electronic presciption, referral letter, contact with pharmacy) prescription of psychotropic drugs was assessed before start of the CBT based group therapy program.
Results.– 50 out of 72 patients had at least one type of personality disorder. Most common were antisocial (31/72) and borderline (21/72) personality disorder. The most commonly prescribed drugs were antidepressants and antipsychotic drugs. Strikingly mood stabilisers were rarely prescribed whereas benzodiazepines were frequently prescribed in this group. For benzodiazepines General Practitioners were more prone to prescribing benzodiazepines.
Discussion.– The similar prescription patterns in both borderline and antisocial personality disorder raises the question whether impulsive aggression can be treated in a similar way with psychotropic drugs. Psychiatrists should consider mood stabilisers as potential first line treatment for impulsive behaviour and affective disregulation in male domestic violence perpetrators with a borderline or antisocial personality disorder.
Conclusions.– More awareness is needed in both GP's and psychiatrists about existing guidelines on psychopharmacology in impulsive aggression in males with a personality disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0812

High rate of fibromyalgia in female patients with borderline personality disorder: a model for hormonal derangement

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Background and aims.–
Introduction.– Fibromyalgia and borderline personality disorder have many phenomenological points in common. Both show higher propensity in females, both are inherently unstable and both show a deranged and unstable response to pain. Besides, psychological hallmarks of fibromyalgia resembles a moderate compensated borderline.
Objectives.– We wondered whether these two items have common etiologies or psychopathologies.
Methods.– From our reservoir of more than 12000 patients under continuous study, hundred eighty two patients with fibromyalgia (confirmed diagnosis based of guidelines of the American society of rheumatology) (age range 23–59) and 312 patients with confirmed borderline personality disorder based on APA (age range 19–51), clinical interview and MCMI-III were compared.
Results.– Of 182 patients with fibromyalgia, 168 (92%) fulfilled the criteria of borderline personality disorder (mostly the avoidant, dependent or the schizotypal subtype) and of 312 patients with borderline personality disorder 300 showed signs of fibromyalgia and 254 (81%) fulfilled the criteria.
Conclusions.– Based on the above, these two entities are either phenomenological the same or have a pathophysiological pathway. As most of the signs and symptoms of both disease respond partially or completely to a combination of Duloxetine +Pregabaline we conclude that pain expression and feeling frustrated are both covered. Muscle relaxant arise a moderate response in fibromyalgia patients and curiously a moderate response in borderline instability and rage as well. Gathering sign and symptoms and reporting a new disease entity was a common practice but must be abandoned during the new era of molecular medicine where hormonal status must be scrutinized.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0813

Pain and anti-inflammatory abuse in borderline personality disorder, major psychiatric disorders and healthy controls

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Background and aims.– Individuals affected by Borderline Personality Disorder (BPD) show a low tolerance to endogenous chronic pain, with a tendency to abuse of anti-inflammatories. However, within these aspects, BPD patients have rarely been compared with major psychiatric disorders and healthy controls.
The study aims to compare BPD individuals with patients with Psychosis (P), Affective Disorder (AD) and Healthy Controls (HC) in the presence of musculoskeletal pain and in the anti-inflammatory/analgesic abuse.
Methods.– A sample of 112 subjects without diagnosis of osteoarthritis was collected. The whole sample was divided in four groups: 27 (24.1%) subjects with BPD, 27 (24.1%) with P

(Schizophrenia, Schizoaffective Disorderand Delusional Disorder), 25 (22.3%) with AD (Unipolar Depression and Bipolar Disorder) and 33 (29.5%) HC. Using chi-squared test and logistic regressions, BPD were compared with the other groups in: presence of headache, back pain, joint pain; intensity of pain during the assessment and within the week before the assessment; subjective experience of pain and the abuse of anti-inflammatories and analgesics.
Results.– Considering separately the pain variables, BPD exhibit headache and joint pain more frequently than the other groups. With respect to P and AD patients, BPD individuals have a strong subjective experience of pain and refer a more severe intensity of pain both during the assessment and during the week before. BPD subjects resulted to abuse more frequently of anti-inflammatory and analgesics than the other groups.
Conclusions.– Consistently with literature, in our sample BPD patients seem to over-experience endogenouspain, with a tendency of anti-inflammatory abuse.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0814

Neural correlates of social cognition related to scenes of mourning in borderline personality disorder

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Background and aims.– Instability in interpersonal relations is a core feature within borderline personality disorder (BPD). Previous studies have pointed to neural dysregulation in areas associated with negative affect such as increased amygdala activity. However, even though far less intensively investigated, accumulating findings have drawn attention to deficits in social cognition and their likely role in engendering emotional instability. We therefore assessed neural correlates of social cognition in BPD within a functional imaging study (fMRI).
Methods.– Using a passive-viewing paradigm, we exposed 20 patients with BPD and 20 healthy controls to blocks of stylized drawings of scenes of mourning – as the topic of loss and separation is of high relevance to BPD patients -, scrambled pictures (baseline), and control drawings during fMRI (3 T).
Results.– BPD individuals compared to healthy controls exhibited increased activation in a cluster comprising the left sensorimotor cortex and the left dorsal posterior insula when viewing mourning pictures vs. control pictures. In addition, for both groups an effect of a positive trend over time was observed in the inferior frontal gyrus. However, this effect was reduced for patients with BPD.
Conclusions.– Our findings point to possibly less sophisticated social cognition capacities among patients with BPD as reflected by increased mirror neuron system activity relevant to the encoding of rather basic aspects of the perception of motoric activity and pain, and decreased inferior frontal gyrus activity relevant to more complex aspects of social cognition.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0815

Inhaled loxapine for agitation in patients with personality disorder: a case series

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Background and aims.– Agitation is common among patients diagnosed with personality disorders, specially those with impulsivity-related personality traits. Managing such episodes might pose a challenge for professionals. Inhaled loxapine has proven to be effective in treating agitation in patients with psychotic symptoms, but its usefulness in personality disorder (PD) patients is not well documented yet.
This study aimed to assess whether inhaled loxapine is an effective and safe treatment for acute agitation in patients with PD.
Methods.– We developed a naturalistic, prospective study approved by The Hospital Ethics Committee and registered at the Spanish Clinical Studies Registry (EuraCT 2016-004884-38). Eleven patients with PD diagnosis (according to DSM-5 criteria) were recruited. The following variables and tools measured efficacy and safety:
Time between administration and effect
Evaluation with CGI-Scale, PANSS-EC and ACES scale. The symptoms were measured at 10, 20 and 60 minutes after administration.
Safety was assessed by a list of side effects.
Results.– These are the preliminary results with 11 patients from an expected final sample of 30. Nine people with agitation were diagnosed with Borderline PD and 2 with Antisocial PD. The baseline total scores for CGI-S, PANSS-EC and ACES scales were 4.3, 20.5 and 2.3, respectively. At 60 minutes, CGI-S and PANSS-EC scores decreased 70% and 76%, respectively, and the ACES score improved almost double. No patient needed pharmacological reintervention with loxapine, another drug or used mechanical restraint. No significant side effects were observed.
Conclusions.– According to these preliminary results, inhaled loxapine could be a useful and safe option for managing agitation in PD patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Personality and Personality Disorders - Part II/Neuroscience in Psychiatry - Part II

E-PP0818

Similarities and differences in the hexaco dimensions and psychological distress across the dark triad

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Background and aims.– The Dark Triad (DT) refers to three socially aversive personalities – Narcissism, Psychopathy and Machiavellianism – characterized by a behavioral style oriented towards self-benefit through socially exploitative dispositions. The HEXACO model of personality postulates that personality structure

consists of six dimensions, mirroring two broad concepts – Honesty-Humility, Agreeableness and Emotionality (reciprocal/kin altruism); Extraversion, Conscientiousness and Openness-to-Experience (engagement within different areas). Aim: To study: a) correlations between the DT, the HEXACO dimensions, and psychological distress; b) the mediator role of HEXACO dimensions on the relationship between DT and psychological distress.
Methods.– 632 university students (65.5% girls, mean aged 21,4 ± 2,28 years) answered the Portuguese versions of the Dirty Dozen, HEXACO-60 and Depression, Anxiety and Stress Scales. Correlation/mediation analyses were performed using PROCESS macro for SPSS.
Results.– The DT showed negative correlations with Honesty-Humility and Agreeableness. Emotionality was positively correlated with Narcissism and negatively correlated with Psychopathy and Machiavellianism. Low Honesty-Humility was a mediator in the relationship between Narcissism and Depression/Stress; and between Psychopathy and Depression. Low Agreeableness was a mediator in the relationship between Narcissism and Anxiety/Stress; and between Psychopathy and Anxiety. Emotionality was a mediator in the relationship between Narcissism and Depression/Anxiety/Stress; and between Psychopathy and low Depression/Anxiety.
Conclusions.– While all the DT traits showed common correlates with low Honesty-Humility and Agreeableness ("unification theories"), only Narcissism and Psychopathy predicted psychological distress ("discrimination theories"). Narcissism had the most consistent link with psychological distress. The distinct relations of Emotionality (high in Narcissism and low in Psychopathy and Machiavellianism) across the DT partially explains these outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0819

The effect of sleep difficulties, big-five personality traits and psychological distress on daytime functioning

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Background and aims.– Sleep problems may have adverse effects on associated daytime functioning.
Objectives.– To analyse if sleep difficulties, personality, and psychological distress were associated/predictive of sleep difficulties interference in daytime functioning (SDIDF).
Methods.– 242 university students (78.9% women), aged 18–25 years completed the NEO-FFI-20, DASS-21, and three questions to assess the difficulties in initiating (DIS), maintaining sleep (DMS) and early morning awakening (EMA). Summing these items scores a sleep difficulties index (SDI) was calculated. An item assessed SDIDF (daily life, activities, behaviour/mood) and five groups were constructed, based on its answer options: 1-*none*; 2-*very little*, 3-*a little*; 4-*a lot*; 5-*very much*.
Results.– DIS, DMS and EMA (3/4 nights a week or almost every night) were reported by 9.1%, 7.8% and 5.4%, respectively. 99 (24.4%) of the students reported *none* SDIDF and 183 (75.6%) reported having SDIDF. *Very little* SPIDF was reported by 62 (25.6%) of the students, *little* SPIDF by 87 (36%), *a lot* by 23 (9.5%) and *very much* by 11 (4.5%). Women revealed higher levels of SDIDF. Students groups reporting SDIDF revealed higher levels of SDI, neuroticism and psychological distress than the group that reported *none* SDIDF. In a hierarchical regression analysis, gender, SDI, neuroticism and psychological distress explained 28.5% of SDIDF variance, and SDI and Neuroticism were the significant predictors.
Conclusions.– Sleep difficulties and neuroticism independently contributed to impairments in daytime functioning. Psychological distress was also implicated in this outcome. These variables might be considered to improve the quality of life of students with sleep problems.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0820

Repetitive glass ingestion in a patient with personality disorder

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Background and aims.–
Introduction.– Intentional foreign body ingestion occurs among a relatively small number of patients with psychiatric disorders; however, it is potentially very harmful and costly. Literature is remarkably sparse, with discussions of associated psychiatric symptoms and treatments limited. Most reports on intentional swallowing are found in the surgical and gastroenterological literature. They contain little to no commentary about patient intentions, or psychopathology. Self-injurious behavior is a fairly common phenomenon in psychiatric patients, particularly those with severe personality disorders.
Objectives.– We aim to help characterize the association between foreign body ingestion and psychiatric disorders by presenting a case report of a young man with borderline personality disorder and polysubstance use, who repeatedly swallowed pieces of glass as a form of self-injury.
Methods.– Case report: 37-year-old Caucasian male who was admitted for a fourth time after ingesting a foreign body in the context of suicidal ideation. The patient has a past psychiatry history of mood disorder, borderline personality disorder, and polysubstance use. His history is notable for multiple ED visits after ingesting broken glass, resulting in multiple endoscopic procedures (28 pieces of glass removed by colonoscopy).
Results.– Repetitive foreign body ingestion is often impulsively driven and difficult to treat. As such, it results in frequent yet ineffective medical treatment. Morbidity from the ingestion itself and the procedures to remove the foreign bodies lends itself to an elevated financial burden for the health care system.
Conclusions.– Understanding behavioral factors is critical for developing collaborative treatment strategies for patients suffering from this life threatening, self-injurious condition.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0821

Obsessive-compulsive personality disorder and its expression in the perinatal

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Background and aims.–
Background.– The post-partum has been associated with an increased onset or recurrence of several psychiatric disorders. Despite the lack of data, obsessive-compulsive personality disorder (OCPD) shows a higher incidence during post-partum.
Aims.– Assessing the prevalence of OCPD during post-partum and socio-demographic, reproductive and psychopathological consequences in affected women.
Methods.– 154 patients (PTS) from the perinatal psychiatric department, and a control group of 61 women from a screening program for perinatal psychiatric disorders (HC) were given the SCID II, EPDS, BDI, BAI, WHOQoL, CTQ after the first psychiatric examination. Their socio-demographic, psychopathological and obstetrical characteristics were collected.
Results.– OCPD was significantly higher in PTS than in HC (29,5% vs. 8,4%; $p = 0.0002$). Both the rates were higher than those in the general population (2,1%–7,9%) and within psychiatric outpatients (8.7%). OCPD-PTS showed worse symptoms of anxiety and a reduced perception of their psychological well-being than OCPD-HC. The same results were observed comparing OCPD-PTS to patients affected by borderline and narcissistic personality disorders and those suffering from mood disorders among PTS. OCPD-PTS showed less obstetrical complications compared to OCPD-HC. Interestingly, OCPD-HC showed higher social withdrawal, with significant less women with a active job (38% vs 84.6%, $p = 0.01$).
Conclusions.– A recrudescence of OCPD is more frequent during the post partum. In this period, women affected by OCPD experience higher psychological distress than those affected by other major psychiatric disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0822

The dissection of a mortal sin - envy

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Background and aims.–
Introduction.– Humans have a drive to evaluate themselves by examining their abilities 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.
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 Narcisic Personality Disorders.
Objectives.– Non-systematic literature review on envy and it's correlate with neurobiological findings.
Methods.– Pubmed database was searched between 2010 and 2018 and articles with the words "envy", "fMRI" and "emotion" were included.
Results.– An effective tool for measuring the activation of specific areas in the brain is fMRI. The ventral striatum plays a major role in the reward system. An increased ventral striatum activation was verified with blood-oxygen-level dependent contrast imaging whenever envy was detected. Regional homogeneity in the inferior/middle frontal gyrus and dorsomedial prefrontal cortex positively predicted dispositional envy.
Conclusions.– An association between neural representations of envy and theories of emotional processing is suggested. 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 a conflict of interest statement.

E-PP0823

A case of anti-nmda receptor encephalitis revealed by psychiatric manifestations

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Background and aims.– Anti-NMDA receptor encephalitis is an autoimmune disease that was identified in 2007, and manifests in a stepwise manner with psychiatric, neurological and autonomic symptoms. This disease is caused by autoantibodies against NMDA receptors and can affect both sexes and all ages.
Objectives.– To understand clinical presentation of anti-NMDA receptor encephalitis and its management
Methods.– To illustrate psychiatric manifestations of anti-NMDA receptor encephalitis: a case report and review of the literature
Results.– A 49-year-old woman was admitted to an inpatient unit for depression with suicide attempt and insomnia. She also suffered of abnormal movements of the face. All laboratory investigations and imaging were negative. Antibodies for anti-NMDA receptors were positive in serum. She received methylprednisolone 1 gr per day for 5 days and initiated on lorazepam 2 mg/day with mild clinical improvement. But the patient refused to continue treatment with immunoglobulin.
Conclusions.– This case highlights that we should be suspect the anti-NMDA receptor encephalitis when the psychiatric symptoms are accompanied by extrapyramidal symptoms, autonomic dysfunction and neurological decompensation. More research and dissemination of knowledge is required to improve clinicians' ability to make the diagnosis of anti NMDA receptor encephalitis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0824

Adenomatous polyposis coli protein and its link to autism and schizophrenia

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Background and aims.– The adenomatous polyposis coli (APC) locus has been proposed as a predisposing gene to autism spectrum disorders and schizophrenia. There is an increasing understanding of the role of APC protein in the central nervous system that unveils a possible relation to the pathophysiology of these disorders.
Methods.– Literature review was based on PubMed/MEDLINE, using the keywords "APC", "adenomatous polyposis coli" and "psychiatry".
Results.– The APC protein is found localized in many cell types including neurons in the adult rodent brain. A high level of expression of the APC mRNA is observed during brain development in rats. The recent evidence suggests that APC coordinates presynaptic and postsynaptic maturation and thereby ensures synaptic efficacy. The disruption of synapse formation has been associated both to APC and schizophrenia. The loss of APC function in forebrain neurons led to cognitive and autism-like phenotypes in rats. Furthermore, APC is also a key component of the Wnt/Wingless signaling transduction pathway that is suggested to be disturbed in schizophrenia.

Although there are a few case reports of schizophrenia in familial adenomatous polyposis (FAP) patients with identified APC mutations, there is only one pilot study regarding the study of neurocognitive performance and brain structure of these patients.
Conclusions.– The description of neural functions of APC can provide some insight into the complex molecular mechanisms underlying these neurodevelopmental disorders. The assessment of the neurocognitive features in FAP patients may help to determine APC 's role in normal cognition and behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0825

The role of endoplasmic reticulum stress in the innate immune system in bipolar disorder

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Background and aims.– Bipolar disorder (BD) is a mental illness characterized by mood swings between depression and mania resulting in cognitive and functional impairments that require lifetime treatment. Delayed diagnosis is frequent because biomarkers are absent. Therefore, a better understanding of BD pathophysiology is crucial. Impaired cellular resilience, compromised endoplasmic reticulum (ER) stress response, mitochondrial dysfunction and changes in innate immunity have been implicated in BD pathophysiology. Given that these events are associated with ER-mitochondria junctions, called Mitochondria-Associated Membranes (MAMs), this study addressed the role of MAMs on ER stress-induced sterile inflammation in BD.
Methods.– As cellular models of the innate immune system, human THP-1 monocytes and monocytes isolated from early stage BD patients *versus* controls ($N = 5$ per group) were used, under basal or stressful conditions. Protein levels of ER stress markers were evaluated by Western Blot (WB) and activation of the NLRP3 inflammasome was analyzed by ELISA. ER-mitochondria contacts were evaluated by determining protein levels of MAM's components by WB. Functional parameters were also investigated under similar conditions in THP-1 monocytes, namely mitochondrial reactive oxygen species (ROS) production and membrane potential, using MitoSox and TMRE fluorescent probes.
Results.– ER stress induces NLRP3 inflammasome activation in THP-1 monocytes and BD patient-derived monocytes and affect ER-mitochondria contacts at MAMs. Data obtained in THP-1 cells suggest that ER-mitochondria communication in ER stressed monocytes promotes NLRP3 activation by a mitochondrial ROS-independent mechanism.
Conclusions.– This study provides a proof-of-concept for "MAM hypothesis" for BD innate immunity deregulation and can unveil novel targets for early therapeutic intervention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0826

Functional connectivity between dorsolateral prefrontal cortex and left temporal language-related region in the first-degree relatives of patients with schizophrenia

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Background and aims.– One of the approaches to studying neurobiological markers of schizophrenia, its traits or so-called endophenotypes, is an examination of unaffected first-degree relatives. Patients with schizophrenia with auditory verbal hallucinations have demonstrated altered (decreased) functional connectivity (FC) between regions of the brain, involved in executive functions and language (dorsolateral prefrontal cortex [DLPFC] and left temporal regions in particular). It seems, however, that the analysis of similar FC in the genetic risk group has yet to be done. The aim of this study was to investigate whether FC between the DLPFC and left temporal language-related region is altered in unaffected first-degree relatives of patients with schizophrenia.
Methods.– First-degree unaffected relatives of persons with schizophrenia (12 subjects) and affective spectrum disorders (12 subjects), as well as healthy individuals without family history of mental disorders (13 subjects) underwent resting-state functional magnetic resonance imaging at 3T Philips scanner. Three regions of interest (ROIs) for ROI-to-ROI analysis were taken from Shirer's atlas (https://findlab.stanford.edu/functional_ROIs.html). FC between ROIs (left/right DLPFC from left/right executive network, on the one hand, and left temporal region from the language network, on the other hand) was compared pairwise between groups.
Results.– As compared to controls, the relatives of patients with schizophrenia were characterized by increased FC between the left DLPFC and language-related region in the left posterior middle temporal gyrus.
Conclusions.– The findings might reflect some compensatory functional processes in unaffected first-degree relatives of schizophrenic patients. The study was supported by RFBR grant №17-06-00985.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0827

Assessing psychosis in clinical practice using auditory event related potentials

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Background and aims.– Event-Related Potential (ERPs) provide EEG derived measures of brain function commonly used to study psychosis. ERPs are however commonly obtained in lab conditions (e.g. shielded room), by trained researchers, during lengthy recording sessions, with large electrode montages and require time-consuming post recording expert classification, all of which may hinder ERPs use in routine clinical practice.

Methods.– A short testing setup was designed to combine an auditory oddball task, a paired-click gating paradigm and a duration-deviant passive auditory oddball paradigm. Subjects underwent auditory stimulation and simultaneous EEG recording, in an interview room setting, performed by a clinician (psychiatrist/psychologist). A fully automatic analysis algorithm measured ERPs at 3 scalp electrode sites, using EEGLAB and custom made Matlab scripts. Altogether, subject briefing, testing task, data analysis and results display were completed in about 30 minutes. 76 psychosis patients and 41 healthy age and gender-matched controls were tested and ERPs between-group comparisons were made with repeated measures ANOVA.
Results.– The testing setup was able to elicit classic ERPs from the studied neurophysiological paradigms (Fig. 1–3). Moreover, previously published psychosis patients deficits were replicated, $F(2,226) = 13.2$, $p < 0.00001$, P300 amplitude $\Delta = 3{,}71\ \mu V$, 95% CI = 1.96 to 5.45 μV, MMN amplitude $\Delta = 0.90\ \mu V$, 95% CI = 0.41 to 1.40 μV, P50 ratio $\Delta = -0.22$, 95% CI = −0.41 to −0.04.
Conclusions.– Psychosis brain function abnormalities elicited through auditory ERPs can be measured under common clinical practice conditions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Philosophy and Psychiatry

E-PP0828

Genetic determinism, psychiatry and place

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Background and aims.– We review genetic determinism and highlight how our earlier research on psychoanalysis and the philosophy of place (see Gildersleeve, Crowden, 2018) can contribute to a better understanding of its relationship to psychiatry.
Methods.– We show how integrating place with psychoanalysis can undermine any philosophy of genetic determinism. We achieve this by demonstrating the prevalence of genetic determinism in the media, education and in debates on genetic modification. We also utilise research on the film GATTACA to conceptualise how place and genetic determinism contrast and why place coupled with psychiatry are an important antagonist to the ideology of genetic determinism.
Results.– By using our philosophy of place, our investigation highlights how psychiatry can contribute to a call for humanity to turn toward a "collective being-at-home-in-the-world", instead of being estranged from place which the rhetoric of genetic determinism unconsciously but actively promotes.
Conclusions.– Our examination intends to integrate psychiatry into ongoing discussions about genetic determinism as they play out in the media, education and influence discrimination. We show something that has not been considered before. Specifically, our philosophy of place combined with psychoanalytic principles shows the potentially dangerous implications of genetic determinism. Fundamentally, we argue that genetic determinism leads to mental illness through the formation of psychopathological obstructive complexes because an individual is estranged from their authentic place in the world. We show the media and educational programs plays an important role in this and why scholars in these areas should consider place and genetic determinism alongside psychiatry in their future theoretical and practical endeavours.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0829

Attitudes towards death among health care professionals (HCP) and their perceived well-being at Aga Khan University (AKU)

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Background and aims.– Death is a complex construct to understand as it is influenced by the perceptions that HCP may have regarding end of life. Understanding these perceptions helps in addressing death anxiety in HCP which can otherwise negatively influence physician well-being and patient interactions such as breaking bad news.
Methods.– This is a cross-sectional study on 109 HCP including nurses ($n = 29$), physicians ($n = 43$), resident ($n = 25$) and interns ($n = 12$) across various specialties at AKU. Death anxiety was assessed through the ***death attitude profile revised scale*** and its correlation was seen with the perception of one's own wellbeing through ***Perceived well-being scale***. A semi-structured pro-forma was used to collect demographic data.
Results.– The results showed that *death anxiety was highest in interns* (150.83 ± 17.94) followed by nurses (139 ± 20.67), residents (137.84 ± 15.79) and physicians (137.99 ± 21.59) and *perceived well-being was lowest in interns* (71.00 ± 10.10) followed by nurses (72.41 ± 10.43), residents (74.16 ± 12.83) and physicians (75.98 ± 12.19). The results of this study demonstrated a negative correlation between death anxiety and perceived well-being.
Conclusions.– The negative correlation between death anxiety and perceived well-being suggest that health care professionals are most vulnerable in the preliminary years of their career. It is therefore recommended that psychology of death and dying is given equal weightage in medical curriculum to enable physicians deal effectively with the trauma of bereavement and loss relating to or patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0830

Two-eyed seeing as a philosophy to facilitate communication between indigenous knowledge keepers and psychiatry about mind and mental health

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Background and aims.– A communication gap exists between psychiatry and indigenous people about views of mind and mental health. Indigenous knowledge and its keepers have been called primitive, superstitious, under-educated, and dismissed as wrong. A need exists to develop a philosophy to facilitate better communication among indigenous people and psychiatry.
Methods.– The term "two-eyed seeing" is spreading across North America as a concept for explanatory pluralism. The concept was brought into academic science by Albert Marshall, a M'iqmaq from Nova, Scotia, Canada. It speaks to the idea that indigenous knowledge is an equally valid way of conceptualizing a phenomena as is contemporary science. Marshall's famous example compares a traditional M'iqmaq story about the origins of the large tides in the Bay of Fundy with contemporary oceanographic geology findings and simulations. This model of explanatory pluralism is being applied

to mental health to facilitate a dialogue between psychiatry and traditional cultural healers.
Results.– Interaction between traditional cultural healers and mental health professionals revealed an overlapping theory of mind. For the indigenous practitioners, mind was seen as a swarm of stories surrounding the body with each swarm containing a spark of the being who told that story. For the European derived providers, the closest theory was that of Hubert Hermans' dialogical self-theory in which each storyteller is conceptualized as an I-position with the existence of multiple I-positions and meta-narrators.
Conclusions.– Two-eyed seeing allowed a rich dialogue between European-derived practitioners and indigenous people that enabled each to appreciate the other's perspectives, leading to greater cooperation and collaborative treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0831

Psychopathology through evolutionary approach: another round of the dialectic spiral

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Background and aims.– The aim of the present review lies in multidimensional research of a concept of evolutionary psychiatry and its significance for understanding the role of mental disorders in survival and adaptation of human beings.
Methods.– 126 articles and scientific reports were selected according to criterias for analysis of the evolutionary role of different symptoms of mental disorders. The criterias were: (1) evolutionary approach as a main theoretical basis of an article/report; (2) one or more mental disorders are explained in terms of historical/evolutionary/philosophical approaches; (3) theoretical discussions are illustrated by clinical examples; (4) high h-index of the author.
Results.– Authors confirm a relevance of evolutionary approach and propose to add historical and synthetic backgrounds in research in the field of mental health. According to evolutionary approach, mental disorders might be considered as normal in the past and as pathology in present. This perspective of mental disorders decreases probability that patients would be stigmatized, making them from "just mentally ill" to "those, who helped humanity survive as species in the past". In this context, it underlines a significance of each individual, whether he/she experiences a mental disorder or does not.
Conclusions.– Authors consider mental disorders as a side effect of complicated process of human adaptation as biological species to constantly changing conditions of dangerous environment. Some specific behaviors that now coded as symptoms of mental disorders in international classifications of diseases were necessary qualities for survival of humanity, at the expense of some individuals, they had led to the development of all human kind.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0832

The language model of a person as the fundamentals of clinical psychiatry

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Background and aims.– The term *mental* is most commonly understood as epiphenomenon of *biological* or as a reaction of *social* in the modern biopsychological model of mental disorders. This poses low efficiency of diagnostic criteria – reductionism (biologization) or psychologization (moralization). By *mental disorders* in this essay, we mean endogenous diseases (schizophrenia, bipolar affective disorder).
Aims.– To reveal the reality of mental processes as peculiar nonmaterial substrate of entire mental activity in health and diseases.
Methods.– The analysis of humanitarian-anthropological concepts was carried out.
Results.– Objectives are answered by the "Natural semantic metalanguage" developed by the Polish linguist Anna Wierzbicka. It includes the language model of a person. The verbs *to see, to hear, to feel, to think, to do, etc*. are not only lexical units, but also states of mind and experiences appropriate and priori clear to everyone. In the course of increasing complexity of mentality and its reflexive activity, in particular, their interpretation was carried out; therefore, psychological categories of emotions, thinking, will, etc. were created. The words *to live* and *to die* can be used to estimate the forms of activity of these categories, as well as the possibility of their distortion, weakening or disintegration.
Conclusions.– The language model of a person shows the reality of mental processes and possibility of their disorganization, it warns a psychiatrist against confusion of *biological* with *mental* or *social*.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0834

Vicious circle of disruptive behavior: priming effects of binge eating on impulsivity in the five-choice serial reaction time task (5-CSRTT)

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Background and aims.– Goal-directed behavior derives from cognitive control where alternative courses of action and thoughts have to be inhibited. Our understanding of brain function, where intellect controls passions and impulses by way of the will, is heavily influenced, in a philosophical and an interpretive context, by various elements of Plato's and of Aristotle's moral psychology. In psychiatry, a similar concept of deficient inhibitory processes also has been adopted to describe psychopathology of impulse control disorders. The transition from goal-directed to habit-based impulsivity is a problem addressed by this study. Our insight into behavioral assessment of cognitive control is based on objective laboratory tasks of response inhibition that have been implemented for humans and rodents with relatively few qualitative differences.
Methods.– Male Wistar rats (WAG/Amk) were randomly assigned to two different feeding schedules (1x/d vs 3x/d) and trained to 5-CSRTT until achieving target parameters. Single food delivery, referred to as binge, was associated with competitive feeding interactions and reduced feeding time. Completed training was followed by test sessions performed on three consecutive days.
Results.– There was little to no effect of binge eating behavior on rats' performance in the 5-CSRTT. All the rats completed training at a similar rate. While tested on target parameters there were no differences between means of correct responses, incorrect responses, omissions, accuracy, and perseverations. The exceptions were statically significant increases of premature and of time out responses with reduced latency to collect reward. All associated with binge eating.

Conclusions.– Impulsivity is not a fully intrinsic but at least partially acquired disposition.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Posttraumatic Stress Disorder

E-PP0836

Work place aggression in context of ptsd - a case report

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Background and aims.– 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 that 14% of veterans deployed to Iraq and Afghanistan exhibited symptoms of PTSD. DSM-5 has directly linked PTSD to violence, indicating that some individuals with PTSD may be quick tempered and may even engage in aggressive, verbal and/or physical behavior with little or no provocation.
Methods.– we present a case of a veteran who served in Afghanistan. He witnessed many other servicemen being killed. This has left a deep impact on his ability to cope with the challenges of daily living.
Results.– He displayed acts of aggression manifested by destruction of property, threatening behavior 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 further aggravated his symptoms.
Conclusions.– This case aims to promote increased responsiveness to the needs of veterans suffering from PTSD, and provide suitable treatment recommendations, especially for that marginal number of cases in which the potential for aggressive behavior exists.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0837

Efficacy of MDMA-assisted psychotherapy for post-traumatic stress disorder: systematic review and meta-analysis

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Background and aims.– Post-traumatic Stress Disorder (PTSD) is a complex mental disorder that involves multiple domains of sustained psychopathology following a significant traumatic experience. Despite the range of therapies to treat PTSD, response to antidepressants is limited. A growing body of clinical research suggests the efficacy of 3,4-methylenedioxymethamphetamine (MDMA)-assisted psychotherapy in individuals with treatment-refractory PTSD. In this systematic review and meta-analysis, the efficacy of MDMA-assisted psychotherapy for PTSD is explored.
Methods.– Relevant randomized controlled trials were identified from a systematic search of five online databases. Five studies were included in this meta-analysis. Statistical analyses were conducted using fixed- and random-effects meta-analysis using Review Manager 5.3.
Results.– The overall response rate to PTSD was 59% (n = 52/88, and the risk of non-response was significantly higher in the control group (RR = 0.29, 95% CI: 0.15, 0.57), indicating higher efficacy in the MDMA group (Figure 1). The standardized mean difference in PTSD scores following treatment was 0.86 (95% CI: 0.29, 1.42), indicating a large effect size.

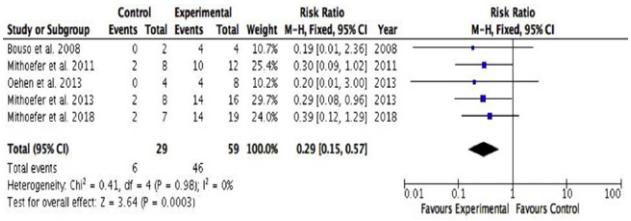


Figure 1. Efficacy in the MDMA group.

Conclusions.– MDMA-assisted psychotherapy is an effective, safe, and powerful treatment for chronic, treatment-refractory PTSD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0838

Mental disorder symptoms among correctional workers in Canada

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Background and aims.– Correctional workers are regularly exposed to potentially traumatic events (PTEs). Such exposures increase risk for mental disorders involving substantial personal and social costs. Unfortunately, available data on exposure to PTEs and associations with mental disorders in Canadian correctional workers remains sparse. The current research was designed to provide estimates of the frequencies of PTE exposure within Federal correctional workers and symptoms of mental health disorders.
Methods.– The data for the current study were collected as part of a larger study, using a web-based self-report survey made available to participants in English or French. The survey included established self-report measures for exposures to PTEs and mental disorder symptoms.
Results.– 1308 Federal correctional workers (43.3% male) from across Canada responded and reported exposures to 16 PTE types (M = 9.88, SD = 3.88). 88.7% reported being exposed to physical assault, 85.6% to sudden violent death, 80.6% to sudden accidental deaths, and 78.8% to assault with a weapon. When asked to identify their worst traumatic experience, 24.0% reported exposure to sudden violent death, while 'physical assault' was ranked highest by 13.0%. There were statistically significant relationships between PTE exposures and operational stress injuries (OSIs) such as PTSD, Depression, Anxiety Disorders, Disorder, and Alcohol Use Disorder.
Conclusions.– For Federal correctional workers, the most disturbing PTE exposures were related to violent death and physical assault. Given PTE exposure prevalence, and the association with OSIs, policy makers should ensure evidence-based mental health resources are readily available for correctional workers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0839

Mental disorder symptoms among public safety personnel in Canada

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Background and aims.– Canadian public safety personnel (PSP; e.g., correctional workers, dispatchers, firefighters, paramedics, police officers) are exposed to potentially traumatic events as a function of their work. Such exposures contribute to the risk of developing clinically significant symptoms related to mental disorders. The current study was designed to provide estimates of mental disorder symptom frequencies and severities for Canadian PSP.
Methods.– An online survey was made available in English or French from September 2016 to January 2017. The survey assessed current symptoms, and participation was solicited from national PSP agencies and advocacy groups. Estimates were derived using well-validated screening measures.
Results.– There were 5813 participants (32.5% women) who were grouped into 6 categories (i.e., call center operators/ dispatchers, correctional workers, firefighters, municipal/provincial police, paramedics, Royal Canadian Mounted Police). Substantial proportions of participants reported current symptoms consistent with 1 (i.e., 15.1%) or more (i.e., 26.7%) mental disorders based on the screening measures. There were significant differences across PSP categories with respect to pro- portions screening positive based on each measure.
Conclusions.– The estimated proportion of PSP reporting current symptom clusters consistent with 1 or more mental dis- orders appears higher than previously published estimates for the general population; however, direct comparisons are impossible because of methodological differences. The available data suggest that Canadian PSP experience substantial and heterogeneous difficulties with mental health and underscore the need for a rigorous epidemiologic study and category-specific solutions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0840

Gender differences in posttraumatic stress disorder (PTSD)

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Background and aims.– There are gender differences in the type of trauma exposure, presentation of illness, and comorbidities. Some of these differences are clearly societal and nonbiologically based, but it is also clear that the biologic systems altered in PTSD may modulate or be modulated by sex hormones. Cortisol is the final mediator of the hypothalamic/adrenal/pituitary (HPA) response, and there is an elevation of cortisol in the normal stress response. Individuals with PTSD have low circulating levels of cortisol. Different types of traumas carry different risks for the development of PTSD, and there are also gender differences.
To examine gender differences in patients with PTSD.
Methods.– Study included 22 patients. Statistical analysis was performed.
Results.– Among patients were 12 man and 10 women. Lifetime prevalence of traumatic events was slightly higher in men than in women. The risk for PTSD following traumatic experiences was higher in women than in men. This gender difference was primarily due to women's greater risk of PTSD following events that involved assaultive violence. Women are more likely to have symptoms of numbing and avoidance and men are more likely to have the associated features of irritability and impulsiveness. Men are more likely to have comorbid substance use disorders and women are more likely to have comorbid mood and anxiety disorders. Duration of PTSD was longer in women than in men.
Conclusions.– There are gender differences in the prevalence and comorbidity presentation in PTSD in patients with PTSD. There are difference in the use therapy based on gender and comorbid diseases.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0841

Association between social anxiety disorder and posttraumatic stress disorder among a youth sample in lithuania

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Background and aims.– Social anxiety disorder (SAD) is prevalent among youth during emerging adulthood and are highly comorbid with other mental disorders, including posttraumatic stress disorder (PTSD). However, there is a lack of studies of comorbidity studies of anxiety and fear related disorders and stress-related disorders. The aim of this study was to assess prevalence of SAD and PTSD in the Lithuanian youth sample, and explore associations among SAD and PTSD symptoms.
Methods.– In total 590 undergraduate students of whom 67.6% were women aged 20 years on average participated in this study. The Social Phobia Inventory (SPIN) was used to measure social anxiety disorder symptoms. The Impact of Event Scale – Revised (IES-R) was used to measure PTSD symptoms.
Results.– 16.1% of all participants were identified as having a probable SAD diagnosis. 67.5% participants reported exposure to at least one life-time potentially traumatic event. Prevalence of probable PTSD was 17.5%. Life-time trauma exposure was not associated with SAD symptoms. SAD symptoms were correlated with PTSD symptoms. 32.2% of participants with SAD were also identified as having PTSD.
Conclusions.– We found high comorbidity of SAD and PTSD in a youth sample. These findings should be addressed in clinical practice in providing healthcare for young adults. Further studies are needed to explore comorbidity of social anxiety disorder with other mental disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0843

Features of stress response in military actions participants with eye trauma and partial loss of vision

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Background and aims.– In the structure of modern military injuries, traumas of the visual organ occupy the second place by frequency. In Ukraine, by 2017, in the structure of ophthalmologic injuries as a result of a battle trauma, 52% are fragmental and other mechanical damages, which were not accompanied by massive craniocerebral trauma. Purpose. Studying the peculiarities of stress response and its role in development of psychological maladaptation and signs of post-traumatic stress disorder in military actions participants with eye trauma and partial loss of vision.
Methods.– The research was carried out by clinical-psychological and psychodiagnostic methods. 216 people were examined.157 of them participated in military actions,102 got battle eye traumas with partial loss of vision. The comparison group: 59 people with partial loss of vision due to domestic eye traumas.
Results.– Eye trauma with partial loss of vision in military actions participants on the background of psychological maladaptation and signs of PTSD is accompanied by the development of state of frustration and severe neurotic stress response. The sources are personal limitations that arise from the trauma and lack of support from society, environment. The basis of the development of severe stress state in response to frustration are the phenomena of mental maladaptation. In its progress, maladaptation leads to neuroticism and somatization of the process against the background of preservation of general phenomena of maladaptation.
Conclusions.– This indicates the need to apply differentiated approach to neutralization of various sources of mechanisms of combined pathological process in planning measures for psychological correction of this category of victims.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0844

Posttraumatic stress and joint hypermobility syndrome among children and adolescents in selected schools of Nepal after the 2015 earthquakes

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Background and aims.– A substantial body of literature has recently addressed the connection between the exposition to a catastrophic event such an earthquake and the development of posttraumatic stress disorder (PTSD), especially in the vulnerable stratum of children and adolescents. However, little is known about its prevalence and risk factors. This study was undertaken 3–4 months after the 2015 earthquakes in Nepal, with the aim of providing new evidence to the field and documenting the role of a new potential predisposing factor: the joint hypermobility syndrome (JHS).
Methods.– 934 subjects from three different regions of the country, aged 8–18 years were assessed with self-completed questionnaires in a school-based cross sectional investigation. PTSD, as the response variable, was analyzed taking into account three subdimensions: the severity of symptoms, the severity of impairment, and both taken together.
Results.– The severity of PTSD in its three sub-dimensions was strongly predicted by the distance to the epicenter. Girls showed a higher affectation in the severity of symptoms field, but conversely a lower perturbation in the daily functioning dimension. Younger children reported a more severe functional impairment. JHS and non-JHS groups statistically differ in the prevalence of PTSD dual affectation, being the first more prone to suffer from it.
Conclusions.– The influence of the analyzed predisposing factors in the development of PTSD is discussed. Especially, the connection between JHS and PTSD is described with reference to the neuroconnective phenotype. It might be useful to consider the role of each variable when planning a mass intervention after a disaster.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0845

Differences in symptoms of insomnia between patients with PTSD and complex PTSD

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Background and aims.– According to recent data up to 80–90 percent of patients with PTSD experience insomnia and comorbid sleeping disturbances. Patients with sleep disorders are in higher risk of functional disability. Also their existing PTSD symptoms may exacerbate insomnia.
The aim of our study is to compare and identify differences between insomnia symptoms among patients with PTSD and Complex PTSD and to better understand Complex PTSD.
Methods.– This study among 100 patients with PTSD and Complex PTSD is a part of other project about correlation of stress exposure, presence of PTSD symptoms and inflammatory markers connected with some somatic diseases.
Diagnosis of Complex PTSD based on results of: "International Trauma Questionnaire". Insomnia symptoms measured by: "Insomnia Severity Index".
Results.– Reliving the trauma through "flash backs" and nightmares may lead to hyper-arousal, avoiding going to bed and worsening insomnia symptoms in patients with Complex PTSD.
So we expect more severe symptoms of insomnia in these patients.
Conclusions.– Current PTSD diagnosis often does not fully capture the severity of psychological harm that occurs with prolonged, repeated trauma, such as:changes in self-concept and adaptation skills, addictive behaviour, self-mutilation. ICD 11 identifies this condition as a separate diagnosis that includes PTSD with personality changes and named it: "Complex PTSD".
Complex PTSD is still often misdiagnosed as personality disorder or unrecognized. We hope this study will help to improve this.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0846

Multimodal-psychological rehabilitation combatants in Ukraine

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Background and aims.– For the period of 2014–2017 years, the specialists of the department of psychotherapy of the KMAPE conducted consultative-diagnostic, medical and psycho-rehabilitation assistance to 2,387 demobilized participants of the ATO, including on the basis of the Clinical sanatorium "Resort Berezovsky mineral waters" - 650 persons, in the "Regional hospital of war veterans" - 130 persons, as a part of visiting polyprofessional brigades on the

bases of the Central district hospitals of the Kharkiv region - 1607 persons. The principle of the formation of the psychological rehabilitation of persons involved in the implementation of the ATO should be the demarcation of contingents, on which depends the mobilization route of the participants of the ATO. The first group is demobilized persons whose combat stress did not lead to mental and behavioral disorders that reach a painful level.
Methods.– We have recommended psychotherapeutic actions: 1. Psycho-education as the basis of psychotherapy / psycho-correction; 2. Trauma-focused cognitive-behavioral therapy; 3. Desensitization and study of eye movements; 4. Establish a therapeutic alliance. How desirable actions are recommended: 1. Stress management; 2. Family psychotherapy.
Results.– Carrying out psychological rehabilitation by us of 2,387 demobilized participants of the ATO allowed us to achieve a significant increase in the level of psychological and social functioning in 73% of persons, a slight increase in 8%.
Conclusions.– The principle of the formation of the psychological rehabilitation of persons involved in the implementation of the ATO should be the demarcation of contingents, on which depends the mobilization route of the participants of the ATO.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0847

Validation of the korean version of the clinician-administered PTSD scale for DSM-5 (CAPS-5)

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Background and aims.– This study was aimed to develop and validate the Korean version of Clinician-Administered PTSD Scale for DSM-5 (K-CAPS-5).
Methods.– Subjects were recruited from 8 medical institutions in South Korea From February 2016 until March 2018. Among total 247 subjects, 71 subjects with PTSD, 74 subjects with mood disorder or anxiety disorder as a psychiatric control group, and 99 subjects as a healthy control group, which were diagnosed by the structured clinical interview for DSM-5-research version (SCID-5-RV). The Beck Depression Inventory-II (BDI-II), the Beck Anxiety Inventory (BAI), the Impact of Event Scale-Revised (IES-R), and the Spielberger State Trait Anxiety Inventory (STAI) were also assessed.
Results.– Internal consistency for the K-CAPS-5 total score was 0.92. Alpha coefficients for the intrusion, avoidance, cognition/mood, and arousal/reactivity were 0.83, 0.71, 0.82, and 0.75, respectively. The test-retest reliability was also determined to be 0.91. The total scores $\pm$ standard error (SE) of K-CAPS-5 in the PTSD group, the psychiatric controls and normal controls were 33.03 ± 1.07, 18.00 ± 9.79, and 6.18 ± 5.86, respectively. PTSD and dissociative subtype diagnoses were almost perfect agreement ($k = 0.893$, $k = 0.839$, respectively). The total K-CAPS-5 score was correlated with BDI ($r = 0.58$, $p < 0.001$), BAI ($r = 0.67$, $p < 0.001$), IES-R ($r = 0.78$, $p < 0.001$), and STAI-T ($r = 0.37$, $P = 0.003$). The highest diagnostic agreement was found at a total severity score of 24, where the sensitivity and specificity were 88.73% and 93.18%, respectively.
Conclusions.– The Korean version of CAPS-5 showed good psychometric properties and may be used as a reliable and valid instrument to diagnose and assess PTSD according to DSM-5.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0848

A prospective study of the neurophysiological predicitive markers for posttramatic stress disorder in sexual assault survivors

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Background and aims.– To prevent the chronicization of post-traumatic stress disorder (PTSD) and other mental disorders, it is important to evaluation and intervention of sexual assaults survivor's mental health at an early stage. This study aimed to find out the prognostic makers for PTSD measuring clinical symptoms, electroencephalograph (EEG) features, and neurocognitive function immediately after a sexual assault.
Methods.– Twenty-seven female sexual assault survivors within 4 weeks after the event were included. Age-matched depression controls (DCs, $n = 23$) and healthy controls (HCs, $n = 25$) were enrolled. Resting-state EEG, executive function and clinical measurement were exam within 4 weeks of sexual assault at baseline. Ten of survivors were classified as PTSD (PTSD+) and 10 as sub-clinical PTSD (PTSD-) by Clinician-Administered PTSD Scale (CAPS) administered after three months of assaults.
Results.– Both survivors with PTSD+ and PTSD- showed higher rate of errors on set-shift than DCs and HCs and and those with PTSD+ and PTSD- had lower level of planning than HCs at baseline. For EEG, both those with PTSD+ and DCs showed heightened spectral power in delta, beta, high beta bands compared to HCs, while those with PTSD- did not. In addition, those with PTSD+ had decreased functional efficacy, small-world network, in theta band than HCs. Absolute delta power of survivors at baseline was associated with 3 month later CAPS-avoidance.
Conclusions.– Heightened EEG spectral power and decreased network efficacy of sexual assault survivors at the early stage might be prognostic markers for PTSD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0849

Post-traumatic stress disorder in mothers of premature infants

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Background and aims.– The aim of this study was to evaluate the symptoms of post-traumatic stress disorder (PTSD) in mothers of premature infants and in those of full-term ones.
Methods.– A case-control study among mothers of infants born during the year 2017 was conducted in the Pediatrics and Neonatology Department of Mongi Slim Hospital (Tunisia). The symptoms of the post-traumatic stress disorder were evaluated by the Arabic version of the Impact of Event Scale (IES). Thirty-three mothers of preterm infants were included in the study ($n = 33$). Their responses were compared with a control group of mothers of full-term infants ($n = 25$).
Results.–
- Group 1: mothers of preterm infants ($n = 33$). Maternal mean age: $33{,}55 \pm 5{,}13$ years old. Two-thirds of them had caesarian delivery.

Mean gestational age: 32,14 ± 1,92 weeks. Average hospital stay in Neonatology: 19,18 ± 14,3 days. Fifty-four point five percent of the mothers had pronounced symptoms of PTSD. Mean IES-score: 36,79 ± 17. Mean Intrusion Subscale: 11,42 ± 5,88. Mean Avoidance Subscale: 11,79 ± 5,79. Mean Hyperarousal Subscale: 12,06 ± 5,97.
- Group 2: mothers of full term infants (n = 25). Maternal mean age: 27,52 ± 3,72 years old. All mothers had normal delivery. Mean gestational age: 38,76 ± 0,81 weeks. Mean IES-score: 1,84 ± 2,28. Mean Intrusion Subscale: 0,48 ± 0,77. Mean Avoidance Subscale: 0,48 ± 0,77. Mean Hyperarousal Subscale: 1 ± 0,91. The occurrence of PTSD symptoms was increased in mothers of preterm infants compared with the control group (p < 0,001).

Conclusions.– Posttraumatic stress symptoms related to premature childbirth need more attention from health practitioners in the field of pregnancy, delivery and postpartum care.

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

E-PP0850

Efficacy of pre-reactivation propranolol in syrian refugee children with ptsd in war context

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Background and aims.–
Introduction.– Post-traumatic stress disorder (PTSD) is the most commonly developed mental disorder in the context of war. The potentiation of exposure therapy by propranolol is a relatively simple and economical therapeutic option that has demonstrated its effectiveness in PTSD adults.
Objectives.– To evaluate the efficacy of trauma reactivation under the influence of propranolol on reducing PTSD symptoms of Syrian children living in a refugee camp.
Methods.– We implemented an interventional non-controlled open label clinical therapeutic trial in a refugee camp on the Syrian territory, which evaluated efficacy and safety of our therapeutic strategy in children. A total of 170 children were screened, and 117 children were enrolled in the study. Each participant received propranolol 90 minutes before a reactivation session using a personal traumatic script, daily for 5 consecutive days. We conducted a standardized clinical evaluation of anxiety, depression and PTSD symptoms before, one week after, one and three month after the treatment.
Results.– We observed a significant improvement of anxiety, depression and PTSD symptoms from pre- to post-treatment assessments. Clinical improvements were observed since the first week and persisted for 3 months.
Conclusions.– This is the first study to demonstrate the efficacy of pre-reactivation propranolol for PTSD in children, even in the context of war. Replication studies in other groups of children are still required. Consequently, this therapeutic strategy can facilitate care access to large number of trauma victims.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0851

Interaction mechanism between polymorphisms of 5-HTR1A and social psychological factors in patients with post-stroke depression

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Background and aims.– It is believed that depression is caused by a psychological reaction to social and psychological stress factors. Moreover, 5-HTR1A receptors are involved in the pathogenesis of affective disorders and associated with the onset of post-stroke depression (PSD). The purpose of this study is to investigate the interaction mechanism between the polymorphisms of 5-HTR1A and social psychological factors in Chinese patients with PSD.
Methods.– A total of 252 subjects, including 121 PSD patients and 131 healthy controls, underwent a collection of demographic data, 14 social psychological scales and tested 4 single nucleotide variants corresponding to the 5-HTR1A gene. Firstly, the decision tree method is used for dimensionality reduction and classification. Then, based on the Bayesian network, the interaction mechanism of 5-HTR1A–social psychological factors –PSD is constructed by data driven. The model was scored using the K2 algorithm to obtain the best structure.
Results.– The study shows that, through the decision tree approach, social psychological factors include EPQ-N, SSRS, TAS, TEPS, SHARPS and RANKIN scales. By constructing the interaction mechanism, it was found that SNV09688, SNV25756 and SNV33218 in the 5-HTR1A gene have interactions, which have a direct influence on the occurrence of PSD and social psychological factors. Moreover, social psychological factors played a mediating role in the 5-HTR1A affecting the PSD.
Conclusions.– The results further suggest that the occurrence of PSD may be related to the polymorphism of 5-HTR1A and the social psychological factors as a mediating effector, revealing the interaction mechanism between them, which might be used to predict the appearance of PSD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0852

The impact of the clinical and psychological issues in PTSD manifestation in breast cancer patients after successfull surgical treatment (mastectomy)

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Background and aims.– The results of comparative analysis with the use of the psychodiagnostic tests battery of the breast cancer related PTSD symptoms group and the well coped with cancer related distress group are presented.
Methods.– Cancer as a life theratening disease is considered nowdays as a possible trigger of the PTSD. At the first stage the patients were screened with test and clinical interview for ptsd diagnosis. Then the group of PTSD breast cancer patients after successful mastectomy was compared with the control group of the well coped patients. The test battery icluded, the impact of traumatic event scale, G. Ammon Ego-structure test, D. Leontiev resilience test, Type of the internal disease construct test, experience of the close relationship test.
The multiple regression analysis with the score of the ptsd screening scale as dependent variable was preformed for the ptsd patient group results allowed to distinguish psycho-social risk factors for breast cancer related PTSD manifestation.
Results.– The main risk factors for PTSD manifestation are dominance of the destructive ego-functions in the personality profile; deficit of the positive basic beliefs about oneself and environment determining effective coping with the disease onset; excessive autonomy and independence in th close relationships, defining the decreased outer emotions expression and worries communication and restricted ability to use the social environment as a support source in the face of cancer manifestation.
Conclusions.– The study results can be used in the diagnostic of vulnerable to ptsd manifestation breast cancer patients and should be considered as tpsychotherpaetic tergets in psychosocial intereveention programs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0853

Depression in PTSD military patients

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Background and aims.– Post-traumatic stress disorder (PTSD) is frequently comorbid to other psychiatric conditions. Studies has shown that comorbidities are found in 80% of patients with PTSD. The most common comorbidity of this disorder is depression.
The current study aims to assess depression among PTSD military patients.
Methods.– Patients completed forms collecting socio-demographic, clinical and therapeutic data: the PTSD checklist for DSM-5 (PCL-5), the Beck depression inventory (BDI) and the short form survey (SF-12) to assess quality of life.
Results.– The sample was formed by 59 military patients diagnosed with PTSD: 58 men and one woman. The mean age was 32.85 years. Forty-nine per cent of patients had the military rank of chief-corporal. Fifty one percent of patients were in clinical remission and had PCL-5 scores under 33. Depressive symptoms were present in 80% of our patients: 15% had symptoms of mild depression, 25% had moderate depression and 40% had severe depressive symptoms. Patients with active PTSD symptoms were more likely to be depressed ($p < 0.001$) than remitted patients. Quality of life assessed with SF-12 showed that PTSD patients had lower quality of life than remitted ones ($p = 0.001$). A significant association was also found between depressive symptoms and lower quality of life ($p = 0.042$).
Conclusions.– The association of depression and PTSD is very common and it affects the of quality of life. Therefore, clinicians should take it into consideration to ameliorate the prognosis and to adapt therapeutic measures to both conditions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0854

Trait impulsivity in PTSD patients

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Background and aims.– Impulsivity is defined as "a predisposition toward unplanned actions without consideration of negative consequences". It is associated to many psychiatric disorders. In literature, this trait is thought to be elevated in patients with post-traumatic stress disorder.
The aim of this study is to assess the prevalence of impulsivity in military patients diagnosed with PTSD.
Methods.– Patients completed forms collecting socio-demographic, clinical and therapeutic data, the PTSD checklist for DSM5 (PCL-5) and the Barratt impulsiveness scale (BIS-11).
Results.– Fifty-nine patients diagnosed with PTSD were assessed in this study. The sample was composed by 58 men and one woman. The mean age was 32.85 years. The most represented military rank was master corporal in 49%. Fifty one percent of our PTSD patients were in clinical remission and had PCL-5 scores under 33. The mean impulsivity score of our military group was within the normal limit of impulsivity at 66.93. High impulsivity trait was found in 44% of our sample (BIS-11 > 71). However, there was no correlation between the impulsivity scores and the PCL-5 scores. The BIS-11 scores were higher in patients with active PTSD symptoms compared to remitted ones, though, this difference was not significant.
Conclusions.– High trait impulsivity was found in 44% of our PTSD military patients, however, comparing this proportion with PTSD-free soldiers would help determine whether trait impulsivity is linked to developing PTSD symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Prevention of Mental Disorders / Substance related and Addictive disorders IV

E-PP0855

Depression and anxiety screening among medical students: a cross-sectional survey

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Background and aims.– Medical education is known to be highly demanding for medical students, who in turn are more vulnerable to mental health issues than the general population.
Methods.– A cross-sectional, online survey was conducted in April 2018to evaluate the prevalence of depression and anxiety symptoms among medical students. All students enrolled at the University of Valencia Medical School were invited to complete the Beck Depression Inventory (BDI-II) and a short version of the State and Trait Anxiety Inventory (STAI) questionnaires. Students participated at their own accord and responses were anonymized.
Results.– 858 of 2035 students (response rate = 42.2%) completed the survey. Nearly a third of the sample (29,4%) had consulted at least once with a professional due to mental health issues. Almost a quarter of the students (23,2%) suffered from moderate to severe depression. 15,8% of students reportedsuicidal ideation. Levels of depression and anxiety were significantly higher in female than male students. No significant differences were found

in depression for each year of studies. Nevertheless, students in second year showed the highest levels of anxiety-state, which were significantly different from fifth and sixth years. Among first-year students, levels of anxiety tended to be lower in those receiving peer-student mentorship.
Conclusions.– Medical student's mental health may differ by sex and class year. Medical Schools should develop actions to support improvement of medical students' depression and anxiety levels. Further studies should be performed in different regions to compare these results with those other academic environments.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0856

Tackling more than fires: the person behind the professional

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Background and aims.– Continuously, society has been affected by traumatic events which disturb physical and psychological health of people and communities, such as forest fires that hit Portugal every year. Recognizing the consequences of the repeated exposure to potentially traumatic events, the Trauma Center researchers have been discussed intervention strategies for preventing traumatic stress among professionals who work in crisis and catastrophes contexts.
Methods.– Through meetings with professionals who were involved in the ranging forest fires of 2017, a literature review and the work of the main author inside Fire Departments, it was possible to identify the sensitive factors for the development of stress-related pathologies and outline interventions to prevent them.
Results.– Although firefighters are considered a high-risk group for developing PTSD and other psychopathologies, some studies point out training and experience are protection factors, mentioning low PTSD rates among these professionals. This finding has been corroborated through the authors' research, which is evidencing that more than exposure to traumatic event, the feeling of lack of control is associated with the perception of stress and, consequently, with adverse reactions as PTSD symptoms.
Conclusions.– In addition to the training, the knowledge about traumatic stress, normal reactions after extreme events and problem-focused coping strategies seem to be essential for improving the ability of professionals to manage their daily work, which include to deal with the suffering of communities while leaving their own emotions aside. Acknowledging the signs of stress provides the sense of control in the same way of the training and clear instructions of missions do it.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0859

Focus groups help us determine the good and bad sides of prevention programs

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Background and aims.– Antidiscrimination programs are a key part of mental health prevention. Slovenian medical students of the project "In reflection" conduct workshops for high-schoolers to inform them about mental disorders, raise awareness and destigmatize.
Comparing opinions of the conductors and participants of the antidiscriminatory workshops by exploring the strengths, weaknesses, opportunities and threats (SWOT).
Methods.– Focus groups were conducted in the Secondary nursing school Ljubljana, where adolescents that had the workshop, were randomly selected to participate in the focus group of 12 people. Workshop conductors were from the Faculty of Medicine (Ljubljana) and volunteered to participate in a focus group of 8 people. The focus group was SWOT based, with 2–3 introductory questions and an open commentary in the end.
Results.– Answers were compared from both groups. The positive side of the workshops is its interactivity in which all agreed. The conductors of workshops said the weakest point was that they were lacking in numbers, while the biggest problem were uninterested adolescents. Adolescents on the other side said the weakest point is that there is not enough time to take all of it in and it was problematic for them, especially that the topic is too personal. After the workshop, the conductors felt fulfilled, while the adolescents felt contemplative about the topic.
Conclusions.– The focus group showed us that the views of participants and conductors are quite different, but both groups agree, that the strength of the workshop is its interactivity. While at the same time both groups seem to get something out of the workshop.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0860

Risk factors for mental health impairments in internally displaced persons

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Background and aims.– According to data from the UN High Commissioner for Refugees, in Ukraine at the beginning of 2018, there were 1,800,000 of internally displaced persons (IDPs) and persons affected by military actions on the East of Ukraine. The analysis has suggested that IDPs after changes of their residence continue to have difficulties due to social, everyday life, economic, and psychological factors. These are predictors for acculturation stress and impairments of IDPs' mental health. The aim of the study was to investigate risk factors of mental health impairments in IDPs as results of the military conflict on the East of Ukraine.
Methods.– A questionnaire to investigate social-demographic factors, living conditions, and social and professional positions; the PSM-25 Scale to identify levels of stress, as well as mathematical statistical methods.
Results.– 58 IDPs (men – 29.31% and women – 70.69%; mean age 43.6 ± 3.4 years old) were interviewed. The results suggests that IDPs were dissatisfied with their living conditions (62.07% highly dissatisfied, 37.93% moderately dissatisfied), job and lack of professional realization (55.71% highly dissatisfied, 44.83% moderately dissatisfied), and financial conditions (60.34% highly dissatisfied, 39.66% moderately dissatisfied). According to data from the PSM-25 Scale, the most of IDPs have moderate or high levels of stress (56.9% and 6.9%, respectively) as well.
Conclusions.– A comparison between the results obtained and data from literature demonstrated that the revealed factors could be predictors of IDPs' mental health impairments, and a further monitoring of these factors is needed.

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

E-PP0863

Internet use and perception as indicators for psychopathological symptoms in youth and adults: comparisons of anxiety, interpersonal sensitivity and aggression

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Background and aims.– Changing the context of personal socialization, Internet use could also affect risk for psychopathological symptoms that is important in diagnostic especially in youth.
The aim was to reveal the role of Internet use, perception and Internet addiction in psychopathological symptoms in two generations: youth comparing to adults.
Methods.– 736 youth (18–30 years) and 1105 adults (30–65 years) from 8 Federal regions in Russia appraised perceived danger including macro-social (e.g., "in my city", Cronbach's $\alpha = .86$-$.87$), micro-social (e.g., "at home", Cronbach's $\alpha = .61$-$.64$) and the Internet, filled Anxiety and Interpersonal Sensitivity scales from SCL-90R (Derogatis, 1994), Aggression Questionnaire (Buss, Perry, 1992), Internet Addiction Scale (Mak et al., 2014).
Results.– After controlling for other perceived danger, perceived danger in the Internet predicted anxiety in youth ($\beta = .08$, $\Delta R^2 = .6\%$, $p < .05$). Internet addiction improved prediction for $\Delta R^2 = 5.3\%$ ($\beta = .23$, $p < .01$) but didn't eliminate the effect of perceived danger. In adults user activity but not perceived danger in the Internet predicted anxiety ($\beta = .08$, $\Delta R^2 = .6\%$, $p < .05$) and this effect disappeared after adding Internet addiction ($\beta = .32$, $\Delta R^2 = 10.2\%$, $p < .01$). Both hostility and anger were negatively related to perceived danger in the Internet (β=-.09, ΔR2 = .5-.7%, $p < .05$) and positively to Internet addiction ($\beta = .27$-$.47$, $\Delta R^2 = 6.3$–14.8%, $p < .01$). Interpersonal sensitivity, physical aggression in both groups depended on macro-social danger and Internet addiction only.
Conclusions.– Although severe Internet misuse is obviously related to wide range of psychopathology, normative perception of danger in the Internet could affect specific anxiety in youth but suppress anger and hostility in youth and adults. Study is supported by the Russian Science Foundation, project 18-18-00365.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0864

Circadian rhythm change and the preventive role of psychoeducation in severe mental illness: a case study

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Background and aims.– It has been widely studied that changes in sleep and circadian rhythm might be early predictors of severe mental illness. Although only a modest group of patients will develop a severe mental illness, simple and cost-effective interventions might be useful to reduce the risk of psychopathology. Here we present and discuss a case in which it seems to be clear that changes in circadian rhythm is a prodrome of psychotic symptoms and in which a psychoeducational intervention was beneficial in a patient with bipolar disorder (BD).
Methods.– Relevant clinical information was collected from the patient's interview and clinical process. In addition, a review of the literature was performed by searching the Pubmed database.
Results.– Forty-six-year-old man with no relevant personal background until the age of 20, when he was hospitalized and diagnosed with Type I BD. Since then, during his outpatient community follow-up, usually after he changed his sleep habits for a few days, he presented with psychotic symptoms, even with full medication compliance. With a series of psychoeducational interventions focused on circadian rhythms and sleep habits, it has been possible to manage and reduce the frequency of these episodes in outpatient settings.
Conclusions.– The existence of a sleep disturbance prior to a diagnosis of a severe mental illness raises the opportunity to prevent or slow the progression of the disorder. The focus of psychoeducation on sleep and circadian rhythm patterns may be a cost-effective way of intervention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0865

The role of sleep in individuals at-risk for psychosis

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Background and aims.– Sleep disturbances increase the risk for psychotic experiences. In bipolar disorder and schizophrenia, circadian rhythm disruption has been described as hallmark for both disorders, with a prevalence for the latter reported to be as high as 80%. The aim of this review is to clarify the directionality between sleep disruption and psychosis in individuals at-risk.
Methods.– We performed a systematic review of the literature of the last 5 years by searching the Pubmed database the keywords "psychosis" or "psychotic", "risk" and "sleep".
Results.– Variations of circadian cycle over 5 days of monitoring predicted more severe psychotic symptoms (in certain specific domains) and more psychosocial dysfunction. On the other hand, the subjective perception of sleep quality seems to be a protective effect for psychotic phenomena, even when sleep duration is less than 7.5 hours. Young individuals at high risk for psychosis are more susceptible to sleep changes and are associated with worse outcomes.
Conclusions.– There is evidence that sleep deprivation or poor quality of sleep can increase the severity of psychotic experiences. In patients at risk for psychosis, sleep disorders are predictive of a greater severity of psychotic symptoms. Sleep patterns should be assessed and treated when disturbed in psychotic patients and patients at risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0866

Problematic gaming and social media use: assessment and statistical predictors

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Background and aims.– The incredible advancement and high accessibility of the internet brought along both positive and negative changes in our lives. One of the most crucial questions – receiving continuously increasing research interest – is how online video gaming and social media use effects the development of children and adolescents and the lives and mental health of young adults. Besides the evident positive consequences of these applications (e.g., means to relax, improving a large variety of skills, increasing social relatedness), possible negative consequences, including the problematic or addictive use, have emerged as well.
Methods.– The presentation gives an overview of the recent advancements in the assessment of problematic use (i.e., screening and diagnosis), an important topic within this research field. Furthermore, it also reviews some of the statistical predictors of these problem behaviors.
Results.– Gender appears to be crucial both in the use of social media and video games, the former being used more among girls, while the latter among boys. While time spent using these applications appears not to be a good predictor of problematic use if assessed alone, psychiatric symptoms (e.g., depressive symptoms, anxiety), low self-esteem, the use of certain emotion regulation strategies, and escapism as a motivation (i.e., using these applications to avoid real life problems) appear to be better indicators.
Conclusions.– The problematic use of certain internet-related activities is a relatively new concern; however, one that certainly needs our attention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0867

Pregabalin addiction and withdrawal in primary and secondary care

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Background and aims.– Pregabalin is the primary medication used for anxiety. However, there is an increase in Pregabalin abuse for recreational use out of doctors prescribing. Aim of the current study is to describe a case of Pregabalin Addiction and Withdrawal (PGAW).
Methods.– The Clinical Global Impression (CGI) [Busner & Targum, 2007] scale described the clinical presentation with the two subscales CGI-S = Severity, and CGI-I = Improvement. The case refers to a 50-year old woman with a long history of Pregabalin abuse.
Results.– At admission, the score was CGI-S = 6 (severely ill). She was brought to the hospital after police found her wandering in the streets. At hospital admission, this patient presented with confusion, agitation, violence, assault of staff, and visual hallucinations. The urine was negative for recreational drugs. After inspection of clinical notes, the working diagnosis was PGAW. The team started a short course of Diazepam 5 mg four times daily to control her behaviour and reduce Pregabalin withdrawal. Presenting symptoms of PGAW were: lethargy, confusion, low mood, anxiety, and agitation [http://www.treatment4addiction.com/drugs/lyrica/]. At day 2, she had CGI-S = 4 (moderately ill) and CGI-I = 3 (minimally improved) she started to develop symptoms of withdrawal including sweating, tachycardia, carving for Pregabalin, depression, insomnia and anxiety, nausea, and diarrhoea. At day-3, she was much improved. She had CGI = 1 (very much improved) and CGI-S = 2 (subtle pathology). After 17 days, she was discharged from hospital asymptomatic.
Conclusions.– Healthcare professionals should consider the risk of Pregabalin addiction and withdrawal in all patients who are on this medication or who request strong tablets for anxiety symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0868

Modern features of adaptation disorders in people with computer addiction

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Background and aims.– Particular concern in society is addictive behavior in young people. Purpose: comprehensive study of clinical-psychopathological and pathopsychological peculiarities of adaptation disorders in people with computer addiction.
Methods.– A complex examination of 147 patients with adaptive disorders was conducted (F43.21, F43.22). The main group included 85 patients with signs of computer addictionin accordance with the results of AUDIT-like tests (Linskyi I.V., 2009), the control group: 62 patients with no signs of addictive behavior.
Results.– The structure of computer addiction in the examined people of the main group was the following: obsessive surfing -46.2% patients; 22.3% -computer games; 6.4% -virtual dating; 13.7% - passion for online gambling; 1.4% -cybersex. In the clinical image of adaptation disorders there was decreased mood (73.4% main and 74.1% control group); mood swings, propensity to short-term disruptive reactions (52.1% and 39.6%, respectively); the feeling of anxiety (69.7% main and 52.1% control group); confusion (55.4% and 54.2% respectively); asthenic symptom complex (84.5% and 82.3% respectively). The examined patients are characterized by the clinical manifestations of anxiety and depression on the scale of HADS -72.1% main and 65.4% control group; severe depressive (48.1% and 41.1%) and anxious (54.2% and 43.2% respectively) episodes on the HDRS scale; high levels of situational (43.5% and 39.7%) and personal (53.1% and 49.8%, respectively) anxiety.
Conclusions.– The obtained data of clinical and psychopathological manifestations and psychopathological features of adaptation disorders in people with computer addiction should be the basis for the development of a comprehensive program of therapy and rehabilitation of patients with disorders of adaptation and computer addiction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0869

Outcome effectiveness of brief alcohol interventions on drinking behaviours of male inpatients in a general hospital in Singapore

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Background and aims.–
Introduction.– Many patients admitted into general hospitals present with alcohol behaviours and problems. This can present as opportunities for intervention due to accessibility and time (Saitz, Palfai, Cheng, Horton, Freedner, Dukes, Kraemer, Roberts, Guerriero & Samet, 2007), and evidence suggests that alcohol brief interventions (ABI) delivered in this setting can be effective (e.g., review by McQueen, Howe, Allan, Mains & Hardy, 2011). Currently, no study has investigated this in Singapore.
Objective.– This study investigated the effectiveness of ABIs for patients admitted to a Singapore general hospital on drinking behaviours and perceived sense of well-being.
Methods.– 68 non-psychiatric inpatients received ABI by the hospital's addiction counsellors during admission and were followed

up at 12 months via telephone. Measures included the Alcohol Use Disorders Identification Test (AUDIT) as a measure of alcohol consumption behaviours, the number of standard drinks (SD) per drinking occasion, and the Personal Wellbeing Index (PWI) as a measure of perceived wellbeing.
Results.– AUDIT scores and SD per drinking occasion were significantly lower at follow-up ($M = 1.34$, $SD = 1.75$; $M = 1.71$, $SD = 1.76$) than at hospitalization ($M = 3.47$, $SD = 4.85$; $M = 3.45$, $SD = 2.50$; $p < .01$). PWI scores were higher at 12 months ($M = 7.96$, $SD = 1.21$) than at baseline ($M = 7.68$, $SD = 1.14$; $p < .01$).
Conclusions.– Results suggest that ABI in a Singapore general hospital can be beneficial in reducing patients' drinking behaviours and improving perceived wellbeing.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0870

Dose of morphine and buprenorfine in chronic non oncologic pain

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Background and aims.–
- *Introduction*.– Chronic non cancer pain (CNCP) affects a third of Europeans. Although opioids are not indicated as the first line of treatment, it is common to observe population with these drugs.
- *Objetives*.– Determine the percentage of opioid analgesic users prescribed for Pain Unit (PU) patients who are assessed by psychiatry in a year and see the percentage of opioids use disorder (OUD) in this sample. Determine the average doses of opioids used before and after rotation with buprenorphine in morphine miligrams equivalents (MME).

Methods.–
- Prospective descriptive study. Sample: 187 patients evaluated by the department of psychiatry in the year 2017 derived from (PU) for psychopathological assessment.

Results.–
61 percent of patients had opioids prescribed for pain. Average daily dose: 275'66 MME.
60 percept presented criteria according to DSM-V to OUD. Average daily dose: 350'34 MME.
Dose interval: 8.000- 8,3 MME.
64'70 percent of the cases agreed to perform a rotation with buprenorphine. The average dose of buprenorphine corresponding to the doses of opioids taken before rotation was 7.76 mg. The average dose of buprenorphine after rotation was 5.71.
Conclusions.– More than a half of patients with CNCP and psychiatric pathology are treated with opioids and more than a half of this group will end up showing OUD. The difference between the doses of buprenorphine estimated before the rotation and the real ones after the process, supposes that, with the rotation, we can achieve a total decrease on average of daily dose 150 MME, without having increased the level of basal pain.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0872

Smartphone addiction, anxiety and depression among tunisian university students

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Background and aims.– University students use their smartphones very often and for different purposes. They are exposed to smartphone addiction, which is a growing phenomenon, as well as to anxiety and depression.
Our objective was to assess smartphone addiction, anxiety and depression levels among Tunisian university students.
Methods.– We carried out a cross sectional study among 756 students of faculties in Sfax (Tunisia), during the academic year 2017/2018. Each participant filled in a questionnaire which included, among others, the Smartphone Addiction Scale- short version (SAS-SV) and Hospital Anxiety and Depression Scale (HAD).
Results.– Among our participants, 28.7% were men and 71.3% were women. Three hundred and eighty-seven (51.2%) students had an addiction to Smartphones. The average score of addiction to Smartphones was 34.2. About one fourth of the students in our sample were smokers (24,4%), one-sixth were alcohol drinkers (16%), one-half were depressed (55%), and two-third were anxious (63%). Women had an addiction to the Smartphone less than men (50.8% vs 52.1%, $p = 0{,}002$). The smartphone addiction group also showed an increased risk of depression ($p < 0.001$) and anxiety ($p < 0.001$).
Conclusions.– University students in Tunisia are at risk of addiction to smartphones. Such a phenomenon requires specific management as it negatively affects many areas of their lives: sleep, levels of energy, eating habits, weight, exercise, and academic performance.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0873

Cannabis use among medical interns and residents: an observational study

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Background and aims.– Psychoactive substance use among medical students is a serious current health problem in our country. Cannabis use is a widely common habit in interns and residents, nevertheless there is little research on the subject. The aim of this study was to evaluate the consumption of cannabis among this population of medical interns and residents to identify the misuse and to act for a better prevention and educational strategies.
Methods.– 77 participants were included in this study and responded to an anonymous auto questionnaire on line. It collected demographic, socio-economic data and data on cannabis use. The risk of problematic use was assessed by the CAST (Cannabis Abuse Screening Test) questionnaire in its French version.
Results.– Our sample contained 77 participants, 78.9% were females and 21.1% were males. The mean age was 27 years old. 60.8% were residents and 39.2% interns. 46.7% of the participants were unsatisfied with their work. Cannabis consumption was seen in 19% of

the participants, 13.2% of them were with a problem use (CAST> = 2) and the circumstances of this use were multiple. In 78.9% of cases, it was associated with festivity,10.5% with performance anxiety,5.3% with a stressing life event and 5.3% as an addiction. The rhythm of consumption was daily in 5.9% of cases, Regular in 11.8% and occasional in 82.4%.
Conclusions.– The use of cannabis by medical senior students is a phenomenon that should be highlighted due to its prevalence and potential impact but we need to identify what is beneath the iceberg: the psychological distress.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0874

The association of oxytocin gene polymorphism with psychological distress and suicidal ideations in alcohol-dependent patients

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Background and aims.–
Introduction.– Oxytocin (OXT) was shown to have anxiolytic and antidepressant properties. Genetic variation in oxytocinergic signaling may play an important role in modulation of psychological distress, which may influence development and course of alcohol dependence (AD) and may affect severity of suicidal ideations (SI). However, to date relationships between OXT genotype, psychological distress and suicidal ideations have not been investigated in AD sample.
Objectives.– The aim of this study was to analyze relationships between OXT gene polymorphisms and psychological distress as well as severity of SI in AD patients.
Methods.– The study included 288 adults diagnosed with a DSM-IV alcohol dependence. The Global Severity Index (gsi) was used to assess the level of psychological distress, and the Beck Scale for Suicidal Ideation - to measure the severity of SI. Also, Substance Abuse Outcomes Module and Fagerstrom Test for Nicotine Dependence were utilized. Single nucleotide polymorphisms: rs4813625, rs877172, rs3761248 and rs2740210 in *OXT* gene were analyzed.
Results.– The statistical analysis, including the Bonferroni correction, showed a significant association between the GT genotype rs2740210 polymorphism of *OXT* gene with symptoms of psychological distress (higher gsi) in specific subgroups, i.e. the association appeared only in patients with alcohol problems in the family $p = 0.0029$; post-treatment relapse $p = 0.0098$ in 1-year period; history of regular smoking $p = 0.0093$). This genotype was also associated with the higher severity of SI in patients with relapse after treatment ($p = 0.0048$).
Conclusions.– Genetic variation in oxytocin gene may influence psychological distress and severity of SI in special groups of AD patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0877

ADH4 gene polymorphisms in patients with alcohol dependence – associations with lesch's typology and the family history of alcoholism

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Background and aims.– Genetic factors play an important role in susceptibility to addiction. Previous studies showed, that polymorphisms in ADH4 gene are associated with the risk of alcohol dependence, but little is known about its associations with particular disease phenotypes. The aim of the study was to investigate the associations between polymorphisms in ADH4 gene and the type of alcoholism according to Lesch's typology, and the family history of alcoholism.
Methods.– DNA samples were obtained from venous blood of 160 male patients with alcohol dependence and 97 healthy controls matched by age and sex, all of Polish descent. The patients group was divided into subgroups according to the Lesch's typology and the family history of alcoholism. In all samples polymorphisms rs1042364 and rs1800759 in ADH4 gene were determined using the real-time PCR technique. Results were analyzed using the chi-square tests in SPSS version 21.
Results.– In patients with Lesch's type III of alcoholism, genotype AG in rs1042364 was significantly more frequent than in control group ($p = 0.003$). In patients with other types of alcoholism, there were no significant differences compared to control group. Genotype AG in rs1042364 was also significantly more frequent in patients with Lesch's type III, compared to other types of alcoholism ($p = 0,032$). There were no significant differences in genotypes frequencies between patients with and without family history of alcoholism.
Conclusions.– Results suggests that polymorphism in rs1042364 may be associated with type III of alcoholism according to Lesch's typology. Further studies are necessary to confirm this relationship.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0879

Benzodiazepine use in a methadone maintenance programme: consumption characteristics and clinical outcomes

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Background and aims.– Portugal has one of the highest rates of benzodiazepine's (BZD) consumption in Europe. In the substitution programs with opioid agonists, it is found that BZD users have poor adherence and response to substitution treatment, leading to a worse psychosocial and rehabilitative prognosis.
This study aims to determine the prevalence and patterning of BZD consumption.
Methods.– We conducted a cross-sectional involving 171 patients treated in the public methadone maintenance programme of Agualva-Cacém Drug Addiction Unit. A descriptive analysis was made to determine the prevalence and patterning of BZD consump-

tion and bivariate analysis was performed between the BZD users and non-users, adopting a level of significance of 0.05.
Results.– The prevalence of BZD consumption was 25.4%. The majority of BZD users were male (90%), with a median age of 46.8 years, were not married (64.2%), had nine years of education (69.9%), had legal problems (66.7%) and consumed BZD more than 3 times/week (83.1%). Comparing with the non-users, BZD users required higher daily doses of methadone (79.7 mg vs. 63.3 mg, $p = 0.041$), had a higher prevalence of Hepatitis C (70% vs 46.2%, $p = 0.001$), a higher consumption of cannabinoids (41.7% vs 27.8%, $p = 0.046$) and had a higher use of BZD in the past (90% vs 64.8%, $p < 0.001$).
Conclusions.– Our results suggest that besides benzodiazepine prevalence intake was lower than other studies, the chronicity of this consumption is very high and have a health negative impact. In this sense, the evaluation of BZD consumption should be always be addressed seriously in methadone programmes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0880

Hospital emergencies among underage consumers of psychoactive substances

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Background and aims.–
Introduction.– Nowadays, illicit drug abuse is increasing among underage patients. This composes a risk factor to the development of psychiatric disorders.
Objectives.– Assess which are the most consumed drugs by underage people. Evaluate which type of medical-psychiatric disorders susceptible to hospital emergencies originates from these drugs consumption.
Methods.– Restropective case-series descriptive study. Clinical data were collected from underage patients who went to emergency services for drug abuse during one year in 2017.
Results.– A total 110 patients were evaluated (59% male). The median age was 16 years old (17–14). The consumed drugs were: cannabis (59.09%; $n = 65$), alcohol (36.36%; $n = 40$) and cocaine (4.54%; $n = 5$). The associated diagnosis to clinical history documentation was (from higher to lower fequency): alcohol intoxication, behavioral disorders, Anxiety Attacks, autolytic gesture and Psychotic attack.
Conclusions.– Most underage people who go to emergency services for drug abuse are male. The most consumed drug is cannabis, followed by alcohol, and then by cocaine. No emergency episodes for opiates consumption were found.
Alcohol intoxication is found among most frequent diagnoses. This fact indicates that alcohol consupmtion by young people is getting started at younger ages. It is worth mentioning the fact that all diagnosed cases of Psychotic attack had clinical history of cannabis consumption.
This study shows the necessity to promote prevention means to reduce drug abuse in vulnerable groups, such as underage people.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0881

Alexithymia and buprenorphine addiction

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Background and aims.– It's currently admitted that vulnerability to substance use disorders results from the interaction of several factors related to the product, the environment or to the individual. Our aim was to study the alexithymia as a personality dimension among subjects addicted to buprenorphine (Subutex®) compared to controls.
Methods.– We conducted a cross sectional comparative study including 50 patients with addiction to buprenorphine (Subutex®) and 50 witnesses. We collected sociodemographic informations, history and addictive course using a data record. We estimated alexithymia with the Toronto Alexithymia Scale (TAS-20).
Results.– Mean score of alexithymia on TAS-20 with users of buprenorphine (Subutex®) was significantly higher than among the control population: 63,42 versus 53,54 ($p < 0{,}001$). Alexithymia was strongly associated with buprenorphine addiction (54% versus 24% $p = 0{,}002$). The unemployment, the family judicial history, the personal psychiatric history, the poly drug use and the high level of seeking sensation were identified as risk factors of addiction to buprenorphine (Subutex®).
Conclusions.– The good knowledge of buprenorphine addiction's risk factors is absolutely crucial. It allows prevention initiatives targeted for these contexts of vulnerability, thanks to the implementation of an adapted and early psychosocial support.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychoneuroimmunology / Others - Part II

E-PP0883

Sterile inflammation of brain as a culprit in mental disorders

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Background and aims.–
Introduction.– Research conducted thus far by our team related to circulating in peripheral blood stem cells and increase in inflammatory markers supports a concept that inflammation of the brain plays a role in etiopathogenesis of psychiatric disorders.
Objectives.– The goal of our research was to shed more light how cytokines and chemokines, in the peripheral blood, influence inflammatory processes in the brain.
Methods.– We evaluated in peripheral blood i) a number of circulating various types of stem cells, ii) components of complement cascade activation, iii) level of sphingosine-1-phosphate, as well as stromal cell-derived factor-1 (SDF-1) - in patients suffering from a first psychotic episode, anxiety attacks and in bipolar affective disorder.

Results.– We noticed in peripheral blood of studied patients an increase in number of circulating stem cells, activation of complement cascade and increase in level of sphingosine-1 phosphate. Based on this a hypothesis has been formulated that prolonged activation of complement cascade in mannan binding lectin pathway-dependent manner, may activate an inflammation process in the brain. This process however can be ameliorated by anti-inflammatory effects of heme oxygenase-1.
Conclusions.– Sterile inflammation of the brain can trigger onset of mental disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0884

Features of functioning of cytokine system of schizophrenic patients under long-term therapy with risperidone

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Background and aims.– Immune dysfunctions, alteration of cytokine profile lead to impairment of neuroimmune interaction and can be a risk factor for development of mental diseases, including schizophrenia.
Objective.– To study effects of long-term antipsychotic therapy with risperidone on cytokine levels in schizophrenic patients.
Methods.– We examined 46 schizophrenic patients, who used neuroleptic risperidone more than 6 months before admission in the hospital as the main anti-recurrence therapy. Persons aged 18–65 years with length of the follow-up of the disease $\geq$1 year were included whose state met criteria of schizophrenia according to ICD-10. Mitogen-induced, spontaneous production and serum levels of cytokines (IL2, IFN-γ, IL-4, TNF-α) were identified with use of kits for enzyme-linked immunosorbent assay (ELISA). The research was carried out in two points: first – at admission, second – by week 6 of the treatment.
Results.– Before the beginning of use of risperidone significantly decreased level of mitogen-induced production by mononuclear cells of INFγ (p = 0,0001), IL4 (p = 0,015) and TNFα (p = 0,002), high levels of spontaneous production of INFγ (p = 0,03) and TNFα (p = 0,002), as well as elevation of spontaneous production and serum concentration of IL2 (p = 0,0001 and p = 0,0001) were revealed. In the process of therapy tendency to decrease in spontaneous production of INFγ and increase in its serum level was revealed.
Conclusions.– Thus, substantial dysfunctions of the cytokine system were revealed in the course of anti-recurrence therapy with atypical neuroleptic risperidone. The findings confirm the hypothesis that ethiopathogenesis of schizophrenia includes immunopathology with dysfunction of IL-2/ INFγ-system.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0886

The role of the anthranilic acid in depression in adolescent with chronic hepatitis c six during pegylated interferon-α 2a treatment

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Background and aims.– The aim of this study was to determine the influence of the pegylated interferon alfa-2a (PEG-IFN-α2a) on tryptophan metabolism along the kynurenine pathway during 24 weeks of treatment and assessing the relashionship between tryptophan metabolites' and depressive symptoms.
Methods.– We evaluated 101 patients with chronic hepatitis C treated with PEG-IFN-α2a, so as to determine the activation of indolamine 2,3-dioxygenase (IDO), tryptophan (TRP) and their metabolites' concentrations/levels: kynurenine (KYN), kynurenic acid (KYNA) and anthranilic acid (AA). We also determined: tyrosine (Tyr), valine (Val), isoleucine (Ile), leucine (Leu), phenylalanine (Phe) which are referred to as competing amino acid (CAA). The subjects were evaluated before and after weeks 2, 4, 8, 12, 24 of the treatment. We assessed the relationship between TRP metabolites' and diagnosis of depression and severity of depressive symptoms measured by the MADRS.
Results.– IDO activity and the total MADRS score were significantly increased in comparison to baseline whereas TRP concentration declined during the treatment. IDO activity, TRP concentrations, TRP availability and AA concentrations were significantly associated over time with the total MADRS score (β = 0.07 P = 0.004, β = −1.01 P < 0.001, β = −0.50 P = 0.001 and β = 0.28 P = 0.006 respectively). Decreased TRP availability was associated with diagnosis of depression in the 12th week of PEG-IFN-α2a treatment (OR = 2.92 95%CI = (1.01, 8.42) P = 0.032) whereas increased AA concentrations was associated with diagnosis of depression in 24th week of treatment (OR = 3.59 95%CI = (1.18, 10.93) P = 0.024)
Conclusions.– The anthranilic acid can be implicated in the pathophysiology of depressive episodes during Pegylated Interferon-α 2a Treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0887

Investigation of immunological parameters in the first episode psychosis patients

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Background and aims.–
Introduction.– Schizophrenia and disorders in this spectrum are psychiatric disorders that start at a young age. Current approaches about etiology are that immunologic and autoimmune factors play a role in the etiology and course of the disease.
Objectives.– This study was planned to investigate the immunologic baseline of first-episode psychosis patients, to determine their association with symptom content and severity, and to identify markers for prognostic-predictive screening.

Methods.– 29 patients with short-term psychotic disorder or schizophreniform disorder according to DSM-IV and 25 healthy controls were studied. Once volunteer approvals were received, SCID-1 structured interview was performed for diagnostic validation, PANSS and BPRS was applied for disease severity. Blood was taken for the immunological parameters to be worked after the interviews.
Results.– No statistically significant difference was found between the patient and control groups in terms of age, gender, duration of education. Mean total score of PANSS was 97.2 ± 11.15 and BPRS score was 49.75 ± 13.11. Sensitive CRP, Ferritin, Serum Amyloid A, IgG, IgM, IgA, IgE, C4, Vitamin A, Vitamin E, Anti-Tiroglogulin and Anti Thyroperoxidase were significantly different between the groups. BPRS score were significantly correlated with Copper, Vitamin A and Vitamin E, PANSS Positive Symptoms Sub-Scale score with Serum Amyloid A and Anti Thyroglobulin, PANSS Negative Symptoms Sub-Scale score with Serum Amyloid A and Sensitive CRP.
Conclusions.– Our study found significant differences in immunological parameters between first-episode psychosis patients and healthy controls. Some of these differences are also correlated with clinical symptoms. Similar studies may reveal relationships with endophenotypes and immunological parameters.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0888

Correlation of euthanasia attitude of physicians with their level of religiosity

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Background and aims.– "Suffering" patients' wishes concerning hastening their own death by means of euthanasia or physician-assisted suicide, raised by personal, psychological, social and other motives, are becoming increasingly common.
Aim of this study is to investigate the correlation between Greek physicians' attitudes and beliefs towards euthanasia and physician-assisted suicide with their level of religiosity.
Methods.– The final sample consisted of 93 specialized physicians, whose attitudes on euthanasia were evaluated using Euthanasia Attitude Scale while religiosity was evaluated with Daily Spiritual Experience Scale. Data was analyzed using SPSS version 22 (χ^2-test, ANOVA, linear regression analysis).
Results.– Greek physicians generally disapprove of euthanasia which is irrelevant to their age ($p = 0.156$) or gender ($p = 0.957$). On the contrary, physicians' attitudes and beliefs correlate with their specialty ($p = 0.037$), years of professional experience ($p = 0.037$), as well as the number of terminally ill patients they cared for and died within the last 12 months ($p = 0.016$). Oncologists, those with longer clinical experience and those who treat more end-stage patients are more strongly opposed to the above practices. Religiosity, is associated with a negative attitude toward euthanasia ($p < 0.001$). The majority of physicians (64.5%) are in favor of legalizing euthanasia. Requests for withholding or withdrawing ineffective life-prolonging treatments have been sent to 61.3% of the physicians, whereas only 9.7% of them have responded to such requests.
Conclusions.– Greek physicians are opposed to euthanasia and physician-assisted suicide and they require the acquisition of competencies in end-of-life care in order to fulfill their profession's current and future demands in the domain of hospice and palliative care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0890

Measuring the cognitive and somatic dimensions of anxiety: psychometric analysis of state-trait inventory for cognitive and somatic anxiety (STICSA)

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Background and aims.– The State-Trait Inventory for Cognitive and Somatic Anxiety (STICSA) is a self-report instrument that assesses both cognitive and somatic dimensions, regarding trait and state anxiety. This assessment fosters a more accurate profile of the symptomatology, compared with the mostly used scales (e.g., STAI, CSAQ). Given the high prevalence of anxiety and its implications in well-being, STICSA may enable more tailored clinical interventions. The authors aim to provide empirical evidence on psychometric qualities of a new instrument to assess anxiety, in the Portuguese general population.
Methods.– A research protocol, in a survey format, was administered to 1123 Portuguese adults, living in Portugal. Participants' ages ranged from 18 to 78 years old ($M = 21.82$; $SD = 4.67$), 65.3% being females.
Results.– An Exploratory Factorial Analysis (Principal Axis Factoring) supported a two-factor model, both for trait and state conditions of anxiety (explaining 38.15 and 44.06% of common variance, respectively). As in the original scale, the items clearly separated cognitive and somatic symptoms, although three were excluded due to low factor loading (two in the state and one in the trace dimensions). The four factors showed good reliability (Cronbach alfa ranging from .91 to .79). Moreover, convergent validity analysis indicated that cognitive and somatic dimensions presented the expected levels of association with anxiety (STAI) and depression (DAS21).
Conclusions.– The results supported that STICSA is an effective and robust instrument to assess cognitive and somatic anxiety, considering the state and trait dimensions. Implications on the importance of a brief and more discriminant measure of anxiety are discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychopharmacology and Pharmacoeconomics - Part I

E-PP0892

Clozapine double induced neutropenia. shall we rechallenge?

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Background and aims.– Clozapine is an atypical neuroleptic acknowledged as the gold standard for treatment-resistant schizophrenia, reaching a response rate of 30 to 60%. Clozapine's manifold bounding affinities account for both the drug's pharmacological properties and adverse effects, with clozapine induced neutropenia or agranulocytosis (3% and 1% respectively) being the main reason for the cessation of administration. Evidence and guidelines suggest to consider rechallenging after clozapine induced neutropenia incidence in TRS, but question remains what treatment should be used following double induced neutropenia.
Methods.– We searched thoroughly the international literature using google scholar and PubMed for reports of clozapine rechallenge after double induced neutropenia.
Results.– Only one case of clozapine rechallenge after double induced neutropenia is described in international literature. Reference is made to a combined clozapine and lithium (0.33 mEq/L) administration following double induced neutropenia, with lithium' s addition justified by its ability to cause true leukocytosis.
Conclusions.– Rechallenging clozapine following neutropenia incidence is a difficult decision for most mental health practitioners. One has to bear in mind both the benefits and the hazards of such a decision. However, the reoccurrence of neutropenia seems to be prohibitive for the majority of psychiatrists in terms of re-initiating clozapine. The absence of efficient treatment options for this less favoured proportion of patients, as well as the optimum effects of clozapine on both positive and negative symptoms, could be good enough reason to try rechallenging even after the second neutropenia incidence. Nevertheless, more research is needed in order to make this venture a less ominous option for practitioners.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0893

Atypical form of neuroleptic malignant syndrome from long-acting injectable paliperidone: a case report

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Background and aims.– Neuroleptic malignant syndrome (NMS) is a potentially lethal condition associated with typical antipsychotics. On the contrary, it is not a common side effect of the atypical class of antipsychotics.
Methods.– We present you the case of a patient with chronic schizophrenia who presented an atypical form of NMS after being treated with long-action injectable paliperidone.
Results.– A.V. was a patient with chronic schizophrenia who, for almost one year, was treated with long-action injectable paliperidone 150 mg, without presenting any side effects from the medication. On the eighth month of treatment, the day after the injection, the patient featured altered consciousness level, rigidity, low-grade fever and low scale hypertension. Tests were performed that indicated high CPK and CRP, without any other signs of infection. We completed the examinations needed to exclude other pathological causes for her condition and we concluded that it was attributed to the long-acting injectable paliperidone. Subsequently, we treated her extrapyramidal symptoms with biperiden at a dosage of 4 mg per day. As a result, her condition was improved and all the symptoms recessed after CPK declined.
Conclusions.– Even if there is an overlap of many of the symptoms mentioned above with potential side effects from atypical neuroleptics, NMS cannot be excluded from the differential diagnosis, especially since our patient was treated with paliperidone for a sufficient amount of time before presenting the symptoms. What is more, studies have shown that SGAs might, not so frequently, cause a less severe form of NMS. One could characterize it as an atypical form of NMS.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0894

Capgras syndrome treated with aripiprazole in postmenopausal woman with a history of vascular dementia and pituitary adenoma

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Background and aims.– We report a case of a patient with a history of Vascular Dementia and presentation of Capgras Syndrome treated with aripiprazole.
Methods.– A postmenopausal female with a history of dementia, pituitary adenoma, and cerebrovascular accidents was brought to Emergency Room by her husband due to worsening paranoia. She believed her husband was a "strange mean man" trying to assume the identity of her husband whom she believed had passed away; she reports the intruder had poisoned her food for the last year.
On initial evaluation, she is disheveled, calm, awake, alert, oriented to person, location, date, year with poor insight as to why she is admitted. She responds to internal stimuli and states she sees angels. Speech is fluent, dysarthric and hypophonic; repetition intact; naming intact; she follows 4-step commands; concentration intact, recall 4/4, answers questions appropriately. She has decreased visual fields on Left > Right temporal areas.
Patient was started on home medications of Hydrocortisone, Levothyroxine, and Chlorthalidone. She was not able to tolerate trials of olanzapine or fluphenazine due to weight gain and urinary incontinence, respectively.
Results.– Aripiprazole was started and titrated to 10 mg. After one month of treatment, patient no longer endorsed paranoia or delusional content, was notably euthymic, and requested to return home with her husband.
Conclusions.– We present a case of a woman in her mid-50s with a history of Vascular Dementia, Pituitary Adenoma and Capgras Syndrome. Delusional content and after a 1month trial of aripiprazole 10 mg.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0896

Vafidemstat, a new approach to treat aggression in central nervous system disorders: a clinical study reimagine

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Background and aims.– Basket trials are used in oncology, in an open-label adaptive design, to prove concept and target best responders. They are uncommon in CNS. Vafidemstat (ORY-2001) is a small, brain penetrant molecule that modifies transcription in the brain through epigenetic effects. A particular interest is aggression. In the Alzheimer's SAMP8 mice model, Vafidemstat reverts their strong aggressive behaviour and corrects the abnormal response to stress of immediate early genes in the prefrontal cortex. If this represents a phenotype where aggression manifests as an exaggerated response to stress, a basket design is conceivable using a single compound.
Aim.– To use Vafidemstat to treat aggression in patients with Alzheimer's disease, Lewy Body Dementia, autistic spectrum dis-

order (ASD), attention deficit hyperactivity disorder (ADHD) and borderline personality disorder.
Methods.– Six patients (age 18–85) per disorder will receive-Vafidemstat for eight weeks in a phase IIa open-label study (REIMAGINE). Entry is based on significant or persistent agitation or aggression that was disruptive to patient's daily living or put the patient in harm's way for at least 3 days per week for at least 4 weeks prior to screening.
Results.– Results on the first cohorts will be presented in April.
Conclusions.– This is a new approach in treating aggression, which importantly does not involve sedation or unpleasant side effects. CNS Basket trial methodology will explore a) if one targeted approach can work across multiple conditions b) whether the concept of disease transcription phenotyping will increase treatment options in CNS/psychiatry studies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0897

Psychosis induced by levodopa

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Background and aims.– The hypothesis that dysfunction of dopaminergic mechanisms are central to the etiology of psychotic disorders has been one of the most enduring theories in psychiatry. Several studies report adverse events of therapeutic medicines. Levodopa is widely used for Parkinson's disease, however adverse events such as psychosis represent disabling effects of treatment. Report the clinical progression of a patient who underwent levodopa treatment for suspected case of Parkinsons's disease and developed psychosis.
Methods.– Review of medical records from patient between August 2016 and October 2018.
Results.– Men, 68 years old, diagnosed with Epilepsy after traumatic brain injury (TBI) since 2013, taking valproic acid, began follow-up in extrapyramidal diseases speciality due to onset of asymmetric upper limb tremors. Primarly, it was hipothetized parkinsonian syndrome, then levodopa was introduced in August 2016. He evolved with persecutory delusions, auditory hallucinations, behavioral disorganization and heteroaggressiveness, with need for hospital admission, and, later, institutionalization. Diagnostic hypotheses of psychotic disorder secondary to TBI, levodopa, or Parkinson's disease with psychotic symptoms were made. Quetiapine was introduced and other medications were maintained. Due to side effects, the patient suspended on her own valproic acid and levodopa, presented total remission of symptoms 3 months before the suspension, with return to previous functionality.
Conclusions.– By itself, a rise in dopamine levels does not necessarily have to lead to psychotic episodes. Besides, in studies with different medicines within the therapeutic class - dopaminergic agonists -, adverse effects appear to have diferential lag times between the medicine being marketed and suspicion of a causal link.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0898

Patient profile with long-acting antipsychotic treatment in our area and use of adjuvant oral antipsychotic treatment

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Background and aims.– The introduction of long-acting antipsychotic treatment (LAI) represents an improvement in Mental Health. 1,2.
Describing the profile of the patient being treated with LAI in our area, and the use of monotherapy versus polytherapy.
Methods.– Retrospective observational study at the Virgen Macarena Hospital. We analyzed the profile of the patient with LAI from 2012 to 2018 ($n = 113$), making a descriptive comparison, in relation to the injectable treatment and the use of oral antipsychotics.
Results.– We have detected 113 subjects with LAI in our area. 30.09% are women, and 69.91%, are men. The average age is 44.98 years, with the main diagnosis being schizophrenia (52.21%). 38.05% had monthly depot paliperidone, 28.32% depot aripiprazole, 30.57% paliperidone depot quarterly, and 2.65% others, such as zuclopentizol or fluphenazine. 58.41% did not have an additional oral antipsychotic, with polytherapy at 0.88%. The most frequent previous treatments were paliperidone depot monthly (24.59%, 76.67% were changed to paliperidone quarterly), oral olanzapine (15.57%) and risperidone depot fortnightly (12.30%).
Conclusions.– The typical patient with LAI in our area is a man of about 45 years with schizophrenia, without oral adjuvant treatment. Most clinical guidelines discourage using polypharmacy with antipsychotics, assuming the possible potentiation of adverse effects and interactions. Nevertheless, it is a widespread practice. In our sample, the low percentage of polytherapy, in line with clinical evidence, is an interesting fact to highlight. This demonstrates an adequate and responsible use of LAI.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0899

Can testosterone administration trigger aggressive behavior in a patient with sensitive traits? case report and literature review

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Background and aims.– Testosterone has been firmly associated with aggression in several species, although evidence linking baseline testosterone concentrations and aggressive behavior in humans is weak. Recent experimental work suggests that testosterone exogenous administration has a central role in modulating aggressive behavior, possibly by regulating threat-related neural circuits. Our aim is to present a clinical case of a patient with an increase of aggressiveness in relation with exogenous testosterone administration.
Methods.– Review of the clinical case and literature.
Results.– A 62-years-old man, with previous sensitive and impulsivity traits, and complains of ango-depressive symptoms since January/2017, began depot-testosterone treatment in April/2017 because of erectile dysfunction. During treatment, he identified heightened irritability, emergence of explosive outbursts of anger, and intensification of infidelity delusion. The patient also noted

a worsening of the ango-depressive symptoms, and wound up consulting a psychiatrist in July/2017. Despite therapeutic adjustments, symptoms worsened and in December/2017 he assaulted his wife, and ended up being committed to the psychiatric ward. At that time, serum values of testosterone were normal. His neuropsychological evaluation suggested a "subcortical cognitive defect, with particular frontotemporal defect".
Conclusions.– This patient, with chronic characteristics of sensitivity and impulsivity, presented ango-depressive symptoms and an infidelity delusion. It's possible that either testosterone supplementation, cognitive defect, or both, potentiated his aggressive behaviour. Testosterone augmentation is progressively being used as a pharmacologic treatment to restore physical and sexual vitality in aging men. This clinical case is relevant due to the possible role of exogenous testosterone in the increase of aggressiveness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0905

Psychopharmacogenetic analysis in the structure of a multifactorial personalized approach to the patient

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Background and aims.– The efficacy and safety of psychopharmacotherapy are one of the most discussed issues of psychiatry. Prevalence rates of psychopharmacotherapy inefficiency are relatively constant, and vary from 30% to 60–75%. Pharmacogenetic testing seem to be an useful approach to increase therapy efficiency rate. Databases of genetic markers involved in pharmacokinetics and pharmacodynamics are constantly updated, recommendations for genetic testing are provided in some drug labels. Psychopharmacogenetics is a promising area of work for the Alekseev Psychiatric Clinical Hospital №1.
Methods.– Using the ontology PsyGenCheck, a psychopharmacogenetic test was performed for 14 patients (10 men, 4 women, 18–40 years old) with a catamnesis 1–36 months after genotyping, on customizedGlobal Screening Array microchips.
Results.– The results of this analysis have been confirmed in practice - the intolerance of some drugs has been revealed, the dosage of others has been adjusted.
Conclusions.– Preliminary calculations indicate a reduction in the economic burden on the budget by about 2.5 times when conducting a test with high-performance genotyping. Due to the choice of the optimal dose of an individually suitable drug, compliance increases, the duration of inpatient treatment decreases, there are no side effects that require additional examination and treatment, the probability of a positive response to the drug doubles, and the duration of high-quality remission increases threefold.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0906

The influence of antidepressants on male fertility

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Background and aims.– Antidepressants are widely prescribed and considered safe. It is common knowledge that they might cause sexual dysfunction. Their safety during pregnancy and lactation is also gaining interest. However, their influence on paternal side of reproduction is yet not addressed in official characteristics.
The aim of this review was to determine whether antidepressant intake threatens male fertility.
Methods.– EBSCO and MEDLINE databases were searched using keywords "sperm"+ "antidepressants". 22 peer-reviewed articles were found as a result.
Results.– Out of the body of research analyzed only 8 articles concerned human male subjects (1 literature review). Samples were relatively small. 4 papers on human studies stated that oral administration of SSRIs leads to abnormal sperm morphology, decreased motility, oligospermia and increase sperm DNA denaturation. 1 study revealed just DNA denaturation. 1 claimed that amitriptiline might have some beneficial influence on sperm and 1 was a longitudinal study stating that taking antidepressants by fathers is not associated with increased risk of intellectual disability, malformations of autism in the offspring. Remaining papers were mostly studies on rodents and stated that exposure to antidepressants increases sperm DNA damage and causes abnormal morphology.
Conclusions.–

1. Antidepressants might negatively influence human male fertility and patients should be warned about this.
2. RCT human studies are necessary to verify this effect.
3. Risk concerning fertility and suicidality should be well balanced while prescribing antidepressant.
4. information on alternative treatment methods (e.g. CBT) should be provided to patients who are afraid to use antidepressants because of infertility threat.

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

E-PP0907

Analysis of side effects and clinical response in a sample of patients with vortioxetine

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Background and aims.– Vortioxetine is an antidepressant approved for treatment of major depressive disorder, also commonly prescribed for generalised anxiety disorder, cognitive symptoms related to depression, and geriatric depression (1).
We analyzed the presence of side effects, the clinical response and patient's satisfaction with vortioxetine.
Methods.– A descriptive study on a sample of 75 patients receiving treatment with vortioxetine. We evaluated the presence of the most frequent side effects, the symptomatic response and the patient's satisfaction.
Results.– Most of the patients didn't present any side effect (61.30%). (22.67%) presented side effects, with headache being the most frequently reported (10.7%), followed by nausea or dyspepsia and sexual dysfunction. Only seven patients (9.33%) discontinued the treatment because of side effects. Clinical response in 42.7% was good but partial, 13.3% had complete symptomatic remission, with the rest being null (25.3%), and non-evaluated yet (18.7%). A 60% of patients were satisfied or very satisfied with the treatment and

only 24% were unsatisfied. The average dose of Vortioxetine was 10 mg.
Conclusions.– Vortioxetine is a relatively safe drug, with few side effects, many of which are transient and do not condition a drug withdrawal (2). More than half of patients was satisfied with this treatment. We had a high percentage of partial but not complete response to the drug, which is not infrequent in depressive disorders. Considering the average dose (10 mgs) we can think that we may obtain a complete response in the future if we use higher doses.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0908

Analysis of factors that influence the compliance of psychiatric treatment in patients with severe mental disorders

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Background and aims.– Severe Mental Disorder (SMD) includes chronic illnesses, characterized by episodes of relapse, which entails certain cognitive and functional impairment that limit patients in aspects of daily life. Compliance is essential to make the impact of the disease as low as possible.
Objective.– To identify the factors related to compliance with treatment in patients with SMD in our unit.
Methods.– This is an epidemiological, analytic, retrospective study of patients included in SMD programme. The following variables were collected: demographic data, diagnosis, treatment compliance, regular psychiatrist and other professionals related to the patient, assistance to rehabilitation center, day hospital and residential devices. SPSS 19.0 was used to analyze the data.
Results.– Our sample includes 437 patients. 94.1% of the patients comply with their treatment. No statistically significant results were found when the relationship with following factors was analyzed: gender, residence location, regular psychiatrist, nursing consultation, psychology consultation, assistance to rehabilitation center, day hospital and residential devices. 5.9% of the patients abandoned their treatments, which previously were the following ones, including long-acting injectable antipsychotics (LAI) (table 1):

Table 1. Sample: 437 patients.

Oral antipsychotics	65.4%
Risperidone-LAI	3.8%
Paliperidone palmitate-LAI	23.1%
Aripiprazole-LAI	7.7%

Conclusions.– It is essential to work with patients with SMD the adherence to treatment to achieve good compliance. This can reduce the impairment that these diseases cause at different levels. To do this, it requires a multidisciplinary approach. Probably the absence of statistically significant relationship in our analysis may be due to the small number of patients identified as patients who have dropped out the treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychopharmacology and Pharmacoeconomics - Part II

E-PP0909

Clozapine and its safety in clinical practice

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Background and aims.– Clozapine represents an irreplaceable therapeutic strategy, particularly in treatment-resistant schizophrenia therapy, which, however, carries certain risk. The aim of the study was to evaluate frequency of clozapine adverse effects in patients with schizophrenia-spectrum disorders hospitalized at Department of Psychiatry, University Hospital Brno, during the period 2012–2014.
Methods.– Data were evaluated retrospectively, out of total number of 336 patients (285 patients with F200, F231, F232, and 51 patients with F25), 62 patients (41 men and 21 women) were treated by clozapine.
Results.– Clozapine doses ranged from 100–700 mg/day in men, 150–600 mg/day in women, mean dose was approx. 300 mg/day. Adverse effects of clozapine included tachycardia (50%), constipation (34%), increased weight (15%), tiredness and blood dyscrasia, manifested as neutropenia in four patients, none presented agranulocytosis. With lower frequencies were noted hypertension, salivation, insomnia.
Conclusions.– Although a relatively wide spectrum of adverse events has been reported with high frequency, none of the adverse events led to clozapine discontinuation or was classified as severe. The benefits of clozapine therapy undoubtedly outweigh the risks which can be reduced by close monitoring and adequate interventions combined with therapeutic strategies – e.g. betablockers for tachycardia, dietary interventions, laxatives for constipation and dietary measures for metabolic side effects together with pharmacotherapy of dyslipidemia, pre T diabetes/diabetes or obesity. The most serious risk of clozapine therapy is agranulocytosis, occurring with prevalence of 1–2%, regular blood screening as recommended and early therapy can prevent cases of this life-threatening condition and eliminate the risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0910

The impact of long acting paliperidone palmitate on clinical outcomes and hospital stay: a 6-year mirror image study

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Background and aims.– There is a growing need for real world data on clinical and health resource utilisation outcomes. The main purpose of this study was to establish the long term effects of 1-

monthly Paliperidone Palmitate (PP1M) on treatment continuation and hospital stay in routine clinical practice.
Methods.– This was a naturalistic, 6-year mirror-image study examining retention & hospitalisation rates 3 years pre- and 3 years post PP1M initiation.
Results.– 173 consecutive patients were included. 120 (70%) patients had a primary diagnosis of schizophrenia and 53 (30%) had other diagnosis. In total, 77% of patients continued PP1M for 1 year, 66% for 2 years and 55% for 3 years. In the schizophrenia group, 80% continued for 1 year, 70% for 2 years and 57% for 3 years.
In the patients who continued with PP1M for 3 years ($n = 95$), the mean number of hospital admissions decreased significantly from 1.44 to 0.53 and the mean number of bed days from 93 to 29 bed days per patient 3 years before and 3 years after PP1M initiation ($P < 0.001$). The schizophrenia group who continued for 3 years ($n = 79$) demonstrated similar statistically significant reductions in number and length of admissions.
Conclusions.– PP1M had a significant impact on long term clinical outcomes in terms of reduced hospitalizations and high continuation rates in this naturalistic cohort. More than half of patients were still continuing on PP1M at 3 years after initiation. Number of admissions and bed days reduced by two thirds, while more than half of patients had no admission during 3 years follow up.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0911

What is the role of weight gain and metabolic alterations in clozapine therapeutic drug monitoring?

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Background and aims.– Treatment with clozapine entails close drug monitoring. Diverse variables and pharmacokinetic interactions influence its plasma levels. To this date, the role of weight gain by clozapine and the outcomes of nor-clozapine plasma levels (N-CLZpl) has provided controversial results.
Aims.– To evaluate the association between weight gain and metabolic disregulation due to clozapine with levels of N-CLZpl.
Methods.– A retrospective chart review was undertaken to evaluate long-term security of patients in treatment with clozapine (CLOSE Project).
Clinical, anthropometric and analytical variables were measured at baseline, at18-weeks and 1-year.
Linear mixed models (LMMA) were used for statistical analysis.
Results.– 222 eligible patients, 96 had enough data. The mean age was 32.72 (11.15) years. 63.1% were males and 43.6% were smokers. There was not any group*time effect in relation with gender, age, clozapine oral dose and metabolic values in relation to the evolution of N-CLZpl. A significant group*time effect was found with diagnosis ($P = 0.011$), tobacco ($P = 0.028$), weight ($P = 0.008$), BMI ($P = 0.002$), and HOMA classification ($P = 0.06$). LMMA analysis with BMI groups (NW, OWO), only tobacco presented a group*time effect on N-CLZpl in both groups ($P = 0.010$ and 0.022, respectively).
Conclusions.– Weight changes might compromise clozapine clearance in our sample. Predictors of N-CLZpl evolution might be different in those NW (diagnostic) in comparison with OWO patients (weight and HOMA index). Tobacco remains a predictor of N-CLZpl evolution. Non-affective psychosis might predict higher N-CLZpl only in NW patients. Insulin resistance might also play a role in clozapine clearance, but only in OWO patients. Considering BMI subgroups might be of help for clozapine monitoring.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0913

Nightmares and antidepressants: a review

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Background and aims.– Some classes of antidepressant drugs (SNRI, NRI, MAOI, SSRI, TCA) may deteriorate sleep quality mainly due to activation of serotonergic 5-HT2 receptors and increased noradrenergic and dopaminergic neurotransmission. On the contrary, antidepressants with antihistaminergic action, like sedating TCA, mirtazapine, mianserine, or strong antagonistic action at serotonergic 5-HT2 receptors, like trazodone and nefazodone quickly improve sleep[1].
Methods.– A pubmed search is performed with the descriptors "nightmares" and "antidepressants".
Results.– Pharmacological agents affecting the neurotransmitters norepinephrine, serotonin and dopamine are clearly associated with patient reports of nightmares. A possible association exists between reports of nightmares and agents affecting the neurotransmitters acetylcholine, GABA and histamine. Vivid dreams and nightmares have been reported with antidepressants that increase REM sleep, such as bupropion3, mirtazapine4,5,6, citalopram7, paroxetine8 and fluoxetine9.
Conclusions.– Currently there is a great ignorance of the mechanisms by which nightmares occur in patients taking antidepressants. Although this effect is frequently observed in clinical practice, there is little literature on this, almost all in the form of clinical cases. Therefore, more research on this would be interesting.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0915

Metabolic disturbances in newer antipsychotics in patients with schizophrenia: amisulpride vs olanzapine

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Background and aims.– Antipsychotics are the cornerstone for the treatment of schizophrenia. Among them, atypical antipsychotics are flourishing as the first choice drugs. Despite overcoming the extra-pyramidal side effects of older generation antipsychotics,

the use of newer generation drugs, without doubt have a poorer metabolic profile.
Aims.– The aim of the study was to compare amisulpride and olanzapine in terms of metabolic profile in patients diagnosed with schizophrenia.
Methods.– A prospective, randomized, single-centre, 8 week long clinical trial was used, with follow up at 4th and 8th week. Sixty four adult patients were treated with standard doses of either amisulpride (200 to 1200 mg/day) or olanzapine (5 to 20 mg/day). Metabolic parameters such as weight, blood glucose, body mass index were assessed in each follow up.
Results.– Greater weight gain was observed in the olanzapine group (7.66 ± 3.55 kg, $p < 0.0001$) as compared to the amisulpride group (2.25 ± 4.02 kg, $p = 0.0035$). No significant inter group difference was found in terms of weight gain ($p = 0.1019$) among the two antipsychotics. Significant increase in random blood sugar was observed for patients in the olanzapine group (9.30 ± 15.30 mg/dL, $p = 0.0007$) but not in the amisulpride group (-2.03 ± 15.08 mg/dL, $p = 0.2296$). Mean change in Body Mass Index in the amisulpride group was 0.85 ± 1.54 kg/m^2 ($p = 0.0022$) and in the olanzapine group was 3.07 ± 1.57 kg/m^2 ($p = 0.0000$). Significant difference in BMI was found between the two groups ($p = 0.0064$) at the 8th week.
Conclusions.– Olanzapine caused greater changes in Body Mass Index whereas Amisulpride offered a significant advantage in preserving body weight and blood sugar.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0916

Effects of CYP2D6 genetic polymorphisms on the efficacy and safety of fluvoxamine in patients with depressive disorder and comorbid alcohol use disorder

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Background and aims.– Alcohol addiction is often comorbid with affective disorders, worsening the prognosis of both diseases. Fluvoxamine therapy is often ineffective and some patients suffer from dose-dependent undesirable side effects. *CYP2D6* is involved in fluvoxamine biotransformation. The aim of our study was to investigate the effects of *CYP2D6* genetic polymorphisms on the efficacy and safety of fluvoxaminer in order to develop the *algorithms of optimization of* fluvoxamine therapy.
Methods.– The study included 45 male patients with depressive disorder and comorbid alcohol use disorder who underwent the inpatient treatment. For the therapy of depressive disorder patients received fluvoxamine in tablets (Fevarin®) at a dose of 100 [50; 150] mg per day from day 5 to day 21 of the inpatient treatment course.
Results.– It was shown that the efficacy and safety profiles of fluvoxamine correlate with *CYP2D6* genetic polymorphism. The reduced efficacy and worsened safety profile of fluvoxamine therapy were revealed in patients carrying one A allele in 1846G > A (*rs3892097*). It correlates with the reduced biotransformation and elimination rates of fluvoxamine and drug cumulation. This leads to an increased amount of medication reaching the receptor targets of fluvoxamine. The acceleration of serotonin transport in CNS neurons results in dose-dependent undesirable side effects and in the reduced efficacy of the depressive disorder therapy.
Conclusions.– The study conducted in 45 patients revealed that *CYP2D6* genetic polymorphism could worsen the efficacy and safety profiles of fluvoxamine. This should be considered when prescribing this medication to reduce the risk of undesirable side effects and pharmacoresistance.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0918

Tic due to sertraline use

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Background and aims.– The frequent use of selective serotonin uptake inhibitors (SSRIs) has demonstrated an increasing number of patients with movement disorders provoked by this group of drugs. Movement disorders most often related with SSRIs consist akathisia, dystonia, parkinsonism, and tardive dyskinesia. There are rare reports of extrapyramidal adverse effects caused by sertraline, being the most widespread akathisia. Tics are abrupt, short, and episodic movements (motor tics) or sounds (phonic tics). Tics can rise with stress and relaxation and decrease with distraction and concentration. In this paper, a 28-year-old female patient who developed tics after being treated with sertraline was reported.
Methods.– A 28-year-old female admitted with the complaints of depressed mood and markedly decreased pleasure in all activities most of the day, insomnia and loss of energy nearly every day for three weeks.
Results.– Sertraline 25 mg/day was initially prescribed. Tics started after ten days beginning this medication. The sertraline was thus stopped. After the drug cessation, tics was gradually subsided in five days.
Conclusions.– As a conclusion, we wish to discuss the association between how increased serotonergic transmission by SSRIs and movement disorders. Therefore, the clinicians should be aware of the likely occurrence of this side effect despite the low incidence of tic due to sertraline use.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0919

Effect of pharmacokinetics gene polymorphism on quetiapine

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Background and aims.– Pharmacokinetics gene polymorphism is the important factor that affect antischizophrenia drug clinical response, study individual gene polymorphism and the connection with the efficacy of quetiapine, to select individualized medication for treatment and prevent the occurrence of adverse reactions to provide reference to quetiapine in clinic, promote the development of antischizophrenia drug individualized medication.
Methods.– 245 patients who of collected 844 patients treated with quetiapine in Xi 'an mental health center were retrospectively analyzed, who had detected blood drug concentration and gene analysis. Analysis the relationship between the blood quetiapine concentration with CYP2D6 and CYP3A5 gene polymorphism, also evaluation quetiapine efficacy in different pharmacokinetics gene polymorphism.
Results.– The therapeutic efficiency in quetiapine of patients in CYP2D6 poor metabolic type (PM) was better than that of extensive metabolic type (EM), while that the therapeutic efficiency in quetiapine of CYP3A5 gene EM was higher than that of PM. The maximum dose of quetiapine in long term use should not exceed 400 mg toward patients of northwest in China.

Conclusions.– Patients' pharmacokinetics gene polymorphism is the important factor that affect quetiapine clinical response. 400 mg is best highest dose for patients of northwest in China.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychophysiology

E-PP0923

Cardiovascular reactivity to stress in patients with coronary artery disease: the role of sleep quality

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Background and aims.–
Introduction.– Associations between sleep quality and physiological stress reactions are still under-explored in coronary artery disease (CAD) population.
Objective.– To examine the extent to which subjective sleep quality is linked with cardiovascular reactivity to Trier Social Stress Test (TSST) in patients with CAD.
Methods.– In total, 161 CAD patients (84% males, mean age: 53 ± 9) two weeks after acute coronary syndrome were evaluated for socio-demographic and clinical CAD risk factors. TSST was performed to measure cardiovascular reactivity to social stress (systolic [sBP], diastolic [dBP] blood pressure, and heart rate). Further, patients were evaluated for subjective sleep quality (PSQI), depressive symptoms (BDI-II), and Type D Personality (DS-14).
Results.– After controlling for possible confounders, significant in univariate models (gender, age, NYHA functional class, arterial hypertension, depressive symptoms, Type D personality), multiple linear regression analysis indicated associations between poorer sleep quality and higher sBP and dBP during TSST period of Preparation time (sBP: $\beta = .183$, $p = .02$; dBP: $\beta = .177$, $p = .03$), and higher sBP during Recovery time ($\beta = .173$, $p = .03$). Sleep disturbances were associated with higher sBP during the periods of Task preparation ($\beta = .178$, $p = .04$), Job interview ($\beta = .200$, $p = .04$), Arithmetic task ($\beta = .243$, $p = .03$), and Recovery time ($\beta = .195$, $p = .02$). The overall PSQI score was associated with sBP during Baseline rest ($\beta = .213$, $p = .01$) and Recovery period ($\beta = .178$, $p = .04$).
Conclusions.– Subjective sleep quality was linked with higher blood pressure during mental stress independently from possible confounders. Future studies may further explore associations between objective sleep indices, neuroendocrinological and cardiovascular reactions to social stress in CAD patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0925

Distinguishing quantitative electroencephalogram findings between panic disorder and generalized anxiety disorder

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Background and aims.– Generalized anxiety disorder (GAD) and panic disorder (PD) are common diagnoses in anxiety disorders. However, it is difficult to distinguish GAD from PD. Neurobehavioral markers that differentiate GAD and PD would be helpful in ongoing efforts to refine classification schemes based on neurobiological measures. The aim of this study was to determine the distinguishing neurophysiological characteristics between GAD and PD using quantitative analysis of an electroencephalogram (QEEG).
Methods.– The study included 36 patients with GAD and 25 patients with PD. Resting (eye closed) vigilance controlled EEG recordings were assessed at 64 electrode sites according to the international 10/20 system. QEEG were compared between GAD and PD groups by frequency bands (delta 1–3 Hz, theta 4–7 Hz, alpha 8–12 Hz, beta 12–25 Hz, high beta 25–30 Hz, gamma 30–40 Hz and total 1–40 Hz) made by spectral analysis.
Results.– The absolute powers of theta and alpha bands at the frontal area differed between GAD and PD group. The absolute power of the theta activity was decreased in FP1 and FP2 ($p < 0.05$) and the absolute power of the alpha activity was decreased in F3 ($p < 0.05$) in cases with GAD compared to PD.
Conclusions.– The differences in QEEG power in our investigation suggest that underlying pathophysiologic mechanisms may be different between GAD and PD. The findings that the decreased absolute powers of the theta and alpha activity at the frontal area in GAD may be the main neurophysiological characteristics of the GAD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychosurgery & Stimulation Methods (ECT, TMS, VNS, DBS) - Part I / Women, Gender and Mental Health - Part I

E-PP0929

Repetitive transcranial magnetic stimulation in the management of auditory hallucinations in patients with schizophrenia: a case report

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Background and aims.– Auditory verbal hallucinations (AVH) represent a prominent symptom in schizophrenia. Treatment usually consists of antipsychotic medications combined with psychological interventions. Almost for one third of patients with schizophrenia, AVH do either not or not sufficiently yield to these interventions. Therefore, alternative modalities for treating refractory AVH are needed. Among these approaches, repetitive magnetic stimulation (rTMS), which is a non-invasive neuromodulation technique, has currently evolved.
Methods.– We report retrospectively the case of a patient suffering from schizophrenia with resistant Auditory Hallucinations and treated by rTMS.
Results.– A 35-year-old woman was referred by her psychiatrist to the psychiatric department "B" of Razi Hospital. She has been suffering from schizophrenia since she was 29. She was treated with first generation antipsychotic (fluphenazine), then with atypical antipsychotics (risperidone). Nevertheless, response was incomplete and AVH persist. Prior to rTMS, CGI was 4, PANSS 70 and PSYRATS 31. She had benefited, in association with medical treatment, from 10 daily sessions of low frequency rTMS (1HZ, 1200 pulses and 100% of motor threshold) over the left temporoparietal cortex placed in a half way between T3 and P3, using the EEG international system. After ten days of stimulation there was a clinical improvement in frequency and duration of AVH. Her PANSS became 36 and PSYRATS 24.

Conclusions.– Our results show the potential benefit of rTMS in resistant Auditory Hallucinations among patients suffering from schizophrenia. Further studies are, however, needed in larger number of patients, to assess long-term effects of this technique.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0931

Repetitive transcranial magnetic stimulation augmentation in clozapine-resistant schizophrenia: a Tunisian sample

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Background and aims.– Several studies have shown that left temporoparietal repetitive transcranial magnetic stimulation decrease verbal hallucinations in Clozapine-resistant schizophrenia patients.
The objective of this study is to examine the benefit of low frequency left temporoparietal repetitive transcranial magnetic stimulation (rTMS) in those patients.
Methods.– During the last 3 years, seven patients from a Tunisian psychiatric hospital in whom rTMS was used to augment treatment with Clozapine were followed. All these patients had partial response to Clozapine. One Hz stimulation at 90% motor threshold was then given midway between the left temporal (T3) and left parietal (P3) electroencephalogram electrode sites. Patients were evaluated clinically and symptomatically on their auditory hallucinations at baseline, after each week and at the end of rTMS sessions.
Results.– The mean age was 30.7 years (SD = 7.3). Patients were male in 57.1%. The total mean duration of illness was 9.5 years (SD = 4.5) and the undifferentiated schizophrenia subtypes was the most prevalent (71.4%) The mean dose of Clozapine was 557 mg/day (SD = 164). The mean number of rTMS daily session was 15.7 (SD = 5.6). We found that 4 patients of our sample have significant clinical improvement and they have a disappearance of anxiety and auditory hallucinations. For the 3 other patients we noted a failure of rTMS to reduce verbal hallucinations and mental automatism.
Conclusions.– In this ultra-resistant group, we showed an average response rate of 57%. Our observations also support the beneficial effect of rTMS as an augmentation strategy for Clozapine-resistant schizophrenia patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0932

Electroconvulsive therapy (ECT) for treatment resistant schizoaffective disorder

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Background and aims.– Psychotherapy and pharmacotherapy have made great progress in the treatment of severe mental illness. At the same time it's becoming that even with optimal application not all patients respond adequately to these therapies. Electroconvulsive therapy (ECT) is especially used for depressive disorders, but also for schizophrenic psychoses as a complementary therapy method. A case report has shown a positive ECT influence of treatment at patients with negative symptoms with medicine resistance schizoaffective disorder.
Methods.– 67-year-old woman was acutely received on psychiatric ward. She has been received there because her schizoaffective disorder got worse. That was shown in the form of increasing tension, hyperventilation, trembling, rigidity, anxiety and impaired thinking. In treatment of medicine resistance, ECT was applied as wall known method of choice.
Results.– Since 2009, in the patient's case, the following psychotropic drugs have been used in sufficient dosage and in sufficient time: benperidol, melperone, risperidone, paliperidone, olanzapine, clozapine, amisulpride, ziprasidone, mirtazapine, doxepin, benzodiazepines. However, they didn't give satisfactory results in treatment of schizoaffective disorder. As a final treatment, ECT was used.
Conclusions.– 67 old patient with schizoaffective disorder has been received to psychiatric ward. Due to lack of response to pharmacotherapy treatment, electroconvulsive therapy was used. There were carried out, as required, a total of 8 treatments EKT- through bilateral stimulation starting with 20% to 80% of max. Stimulation energy over 3 weeks. Accompanying med. therapy with sertraline and aripiprazole.
After the treatment there was a significant improvement in patient's mood and regression of delusional symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0933

Serum brain derived neurotrophic factor as a potential biomarker for clinical improvement in patients of schizophrenia undergoing electroconvulsive therapy

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Background and aims.– Electroconvulsive Therapy (ECT) has a history of long and efficacious use for a variety of psychiatric conditions like Schizophrenia, Bipolar Disorder and Major Depressive Disorder. But despite that the mechanism of action of ECT remains an enigma, with upregulation of neurotrophins, like Brain Derived Neurotrophic Factors (BDNF), being a potential mechanism of action. In this To explore the role of BDNF as a potential biomarker for clinical improvement, in patients of schizophrenia, undergoing ECT, by assessing the serum BDNF levels before and after the ECT.
Methods.– A total of 21 patients, diagnosed with Schizophrenia and prescribed ECT, were included. Clinical assessment, using Positive and Negative Symptoms Scale (PANSS), and serum BDNF level assessment, using BDNF ELISA test, were done before and after the prescribed course of ECT.
Results.– The mean serum BDNF level, before ECT, was found to be 1691.59 ng ± 145.23, which increased to, 1746.67 ng ± 184.31, after ECT. This increase, seen along with the clinical improvement, in which the PANSS score decreased significantly ($P < 0.001$), was not found to be statistically significant ($P > 0.05$). No correlation was found between the clinical improvement and the increase in the BDNF levels.
Conclusions.– The results do not support the use of serum BDNF levels as a biomarker for clinical improvement in the patients of schizophrenia undergoing ECT. But since there was an increase, in the serum BDNF levels along with the clinical improvement, its role

as a potential biomarker for clinical improvement in schizophrenia should be explored further.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0936

Application of transcranial magnetic stimulation (RTMS) for treatment-resistant depression in schizophrenia

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Background and aims.– Depression is the most common co-occurring syndrome in schizophrenia, which deteriorates quality of life and outcome of disease. Insufficient clinical response to adequate pharmacotherapy determines rising interest to brain stimulation techniques such as rTMS. The aims of this study were to evaluate safety and efficacy of rTMS for treatment-resistant depression in schizophrenia and to find out possible predictors of response.
Methods.– 31 schizophrenia (ICD-10) patients with prominent negative symptoms and depression (CDSS $\geq$ 6) on constant combined pharmacotherapy (effective antipsychotic + ineffective antidepressant of the 2nd line) in adequate dosing regimen and exposition ($\geq$6 weeks) were included in the study. Patients received 15-Hz rTMS on the left dorsolateral prefrontal cortex (100% intensity, 15 sessions of 1800 pulses). Neuro-MS/D stimulator ("Neurosoft", Russia) with 8-shaped coil was used. Patients were assessed with CDSS and PANSS weekly. The criterion of efficacy was 50% CDSS score reduction after the 3rd week of treatment.
Results.– The number of responders was 20 (64,5%), mean CDSS score reduction was 55,2% (p = 0,000004), mean PANSS negative subscale score reduction was 21,3% (p = 0,000012). Rapid onset of rTMS effect on depressive symptoms was detected: mean CDSS score reduction after the 1st week of treatment was 39,0% (p = 0,000004). Positive outcome of rTMS was associated with marked motor retardation and residual psychotic symptoms at the baseline and feminine gender. Patients with severe negative symptoms tended to poor response.
Conclusions.– The study revealed that rTMS is safe and effective strategy for the management of treatment-resistant depression in schizophrenia. Further sham-controlled studies are needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0937

Comparison of cognitive side effects between 0.5 milliseconds and 1 millisecond pulse width bilateral electroconvulsive therapy in major depression

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Background and aims.– Electroconvulsive therapy (ECT) is an effective treatment for severe and resistant depression. Notwithstanding that cognitive impairment remains a common side effect, its minimization has led to the study of alternative technique modifications while administering ECT. Ultra-brief pulse ($\leq$0.3 ms) seems to decrease cognitive side effects compared to brief-pulse ECT (0.5–1.5 ms). Could the use of 0.5 ms or 1ms pulse make any difference in cognitive performance? To date there are no studies addressing this topic.
The objective of the study was to compare the effect of 0.5 vs 1 ms pulse width (PW) in cognition after an acute treatment course with ECT.
Methods.– The sample included 30 unipolar depression patients undergoing acute ECT (15 treated with 0.5 ms PW and 15 with 1 ms PW) that completed MMSE before ECT and after the last session. Both groups were comparable in age, illness severity and baseline MMSE.
To compare test scores between PW groups, Student's T-test (in normal distribution variables) and Mann-Whitney U-test were used.
Results.– Different patterns of changes in MMSE scores between 0.5 ms group (from 24.40 (8.14) at baseline to 29.80 (4.69) post-ECT) and 1 ms group (26.93 (5.28) to 25.91 (6.61)) were observed. However the differences between groups in MMSE scores after ECT and the change from baseline scores, were not statistically significant (5.40 (8.26) vs 0.50 (4.08); p = 0.097).
Conclusions.– 0.5 ms PW resulted in higher scores and improvement in cognitive tests compared to PW 1 ms post-ECT, although the difference was not statistically significant. The small sample size might be insufficient to prove statistically significant results.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0938

The role of gender in electroconvulsive therapy: a factor to consider in our daily practice

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Background and aims.– Gender differences have been described as determinant predictors of treatment response of different psychiatric disorders. Lately there has been a growing interest in this field in order to clarify which gender differences could influence electroconvulsive therapy (ECT) treatment.
The aim of the study was to study the effect of gender in ECT treatment.

Methods.– The sample included 66 age and gender matched patients with unipolar depression retrospectively collected from ECT unit medical charts. The sample was divided into groups according to gender. Comparisons were done by Student's T-test or Mann-Whitney U-test using $p < 0.05$ (bilateral).
Results.– ECT response and remission rates were similar between groups, however statistically significant differences were found in other variables: female patients had more previous episodes (2.30 ± 1.591 vs 4.09 ± 3.055; U:359, $p = 0.016$), lower anesthetic dose (193.68 ± 52.278 vs 163.34 ± 43.652; t:2.535, $p = 0.014$), less sessions needed (12.58 ± 3.021 vs 10.39 ± 3.010; t:2.939, $p = 0.005$), and lower post-ECT MEC scores (32.30 ± 2.658 vs 27.20 ± 7.153; U:71, $p = 0.008$). MEC scores were not adjusted by education level.
Conclusions.– There were differences in illness course and in ECT factors such as anesthesia dosage needed, speed of response and cognitive tolerance depending on the gender. Further research is warranted to better understand the basis of gender difference and its influence on the effect and tolerance of ECT, in order to individualize ECT treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0940

Substance use and mental health disorders on pregnancy: preliminary results of prevalence and usual care from the WOMAP study

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Background and aims.– Smoking and substance use during pregnancy is the main preventable cause of mortality and morbidity, having a bidirectional and deleterious relationship with mental health. In general, these problems are unserved.
With data obtained from the first months of the WOMAP (Woman Mental Health and Addictions on Pregnancy) study we aimed to describe 1) the prevalence of these problems using the AC-OK, 2) the treatment ratio, and 3) diagnosis and severity of those who fulfill inclusion criteria.
Methods.– 620 women under 26 weeks of pregnancy were screened with the AC-OK and asked about smoking habit between July 2016-September 2017.
Those screened as positive (66) were assessed with a more extensive battery of measures (PHQ-9, GAD-7, PCL-5, AUDIT, DAST and Fagerström) In addition, they were asked about mental health/drug abuse services used. An observational descriptive study was made.
Results.– Analysis showed that 129 women (27.3%) smoked tobacco in the last year (55.6% daily). 10.6% were positive for dual problems according to the AC-OK. From the subsample (66) evaluated in depth, 28 (43.1%) were positive to at least moderate depression, 14 (21.2%) to at least moderate anxiety, 12 (20%) to PCL (PTSD) and 30 scored above the threshold in AUDIT-C (55.6%). The consumption of other drugs was anecdotal. Only 6.1% of these women received specific treatment in the previous three months and 15.2% were to be attended in the following month.
Conclusions.– The combination of high prevalence, low treatment ratio and major preventable consequences suggest that effective detection mechanisms should be integrated into usual care, allowing an adequate and early intervention and access to treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0941

Cesarean section was associated with postpartum depression in taiwanese first-time-mothers

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Background and aims.– The prevalence of postpartum depression (PPD) in Taiwan was 10.3–73.3%. Previous studies show inconsistent results in the relationship of cesarean section (CS) and PPD. This study aimed to assess the relationship between the type of delivery and PPD in the first-time mothers, and also to evaluate the change of sense of parenting competence in Taiwanese women.
Methods.– The study recruited 81 healthy first-time-mothers from the medical center in Taipei. According to the type of delivery, they were divided into the spontaneous delivery (SD) group ($n = 40$) and CS group ($n = 41$). Data of the 1st week, and 1st, 2nd, 3rd, 6th month at postpartum were collected. The Chinese version of measurements including Edinburgh Perinatal Depression Scale (EPDS) and Parenting Sense of Competence Scale (PSOC) were used in the study.
Results.– No difference in personal characteristics, breastfeeding and baby care practices was found between groups. The SD group spent more time to care for babies at the first week of postpartum and found no difference in that at the following visited time (Fig-1A). The score of EPDS in the CS group (Fig-1B) was significantly higher than that in the SD group, but no one was referred to a psychiatrist in our study. Additionally, no difference in PSOC score was found between the two groups (Fig-1C). A positive association was found between CS and EPDS (regression coefficient = 1.589, $p = 0.001$).

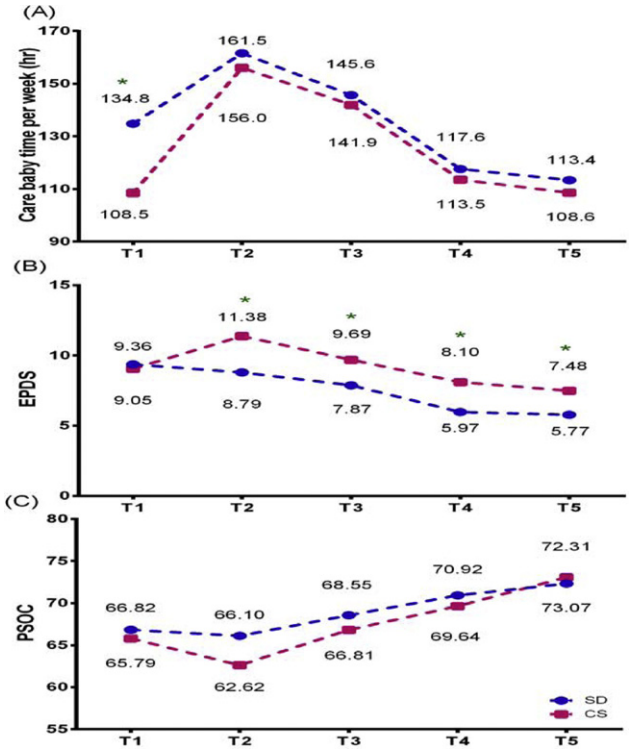


Figure 1. Trends of the mother care baby time, scores of postpartum depression, and parenting competency in different delivery type. T1: the 1st week – T2: the 1st month – T3: the 2nd month – T4: the 3rd month – T5: the 6th month after delivery.
A) Care baby time per week – B) EPDS – C) PSOC.
*: $p < 0.05$.

Conclusions.– The health care workers need pay more attention on the first-time-mothers with cesarean section during the postpartum six months to ensure their mental health.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0943

Maternal and paternal mental health in therapeutic termination of pregnancy: psychiatric history and outcomes

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Background and aims.– The therapeutic termination of pregnancy (TToP) may have psychiatric outcomes like depression, anxiety and post-traumatic stress disorder (PTSD). Personality issues, childhood traumas and paternal contribution and outcomes are too little investigated.
Aims.– Exploring the contribution of maternal personality disorders and maternal history of childhood abuse to psychiatric outcomes after a TToP, paternal psychiatric outcomes and their role on their partner's psychopathological and psychiatric outcomes.
Methods.– 25 couples, with a prenatal diagnosis of fetal abnormality, had a psychiatric evaluation for eligibility to TToP and after one year. Women and unborn fathers were also tested with HAM-D, HAM-A, BDI-II, PCL-5, IPDS, CTQ and CD-RISC-10.
Results.– Women who initially showed important depressive symptoms, globally improved after one year, but 12% of them developed PTSD (fewer than expected from Literature). Those affected by a personality disorder improved significantly less, showing a higher degree of pathological resilience and a higher rate of PTSD development. They showed a negative reproductive profile, having no living children due to a significant number of miscarriages (a data never previously reported). Women with a history of childhood trauma also showed a higher rate of psychiatric outcomes, a smaller number of living children and a significant number of miscarriages. Fathers showed no psychiatric outcomes or personal factors that may influence their partner's outcome.
Conclusions.– Personality issues and childhood trauma clearly influence psychiatric outcome after TToP in women. Men do not show psychiatric outcomes or personal factors that may influence in their partner's outcome.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0944

The burden of child abuse on perinatal mental health, the role and mediation of victims' personality disorders

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Background and aims.– Possible long term outcomes of child abuse involve issues female victims experience during their pregnancy and post-partum, both physically and psychologically. Likewise, child abuse is known as key factor for the development of personality disorders. Little is known about the outcomes of an interplay between child abuse and personality issues in perinatal.
Aims.– To analyze the interaction between child abuse (CA), victims personality disorders (PDs) and the expression of psychiatric sufferance during the perinatal period.
Methods.– 150 women, consecutively admitted to the Perinatal Psychiatric Outpatient Department were clinically evaluated and administered SCID II, CTQ, WHOQOL-BREF, EPDS, BDI and BAI. We randomized patients in affected or not by PDs and CA.
Results.– CA increases the risk of post-partum depression in borderline PD ($p = .027$). Each type of child abuse induces different perinatal psychiatric outcomes in the interaction with distinct victims personality disorders (e.g. sexual abuse influences the risk of post-partum depression in paranoid and schizoid PD [$p = .035$;.048] and of anxiety in borderline [$p = .027$]).
Conclusions.– Childhood abuse increases the risk of developing psychiatric illness during the perinatal period with the mediation of victims' personality disorders, suggesting an eventual specificity of those abuses on precise outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0945

Features of self-esteem in mothers of children with autism spectrum disorder

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Background and aims.– Discovery of a child's developmental disorder is a hard experience for parents. Study takes a look at self-esteem peculiarities of mothers of children with ASD and their attitude towards discovery of diagnosis.
Aim.– Studying the features of self-relationship of mothers, raising children with ASD.
Hypothesis of the study was the assumption that the mothers of children with ASD in the subjective assessment demonstrate domination of dissatisfaction with themselves.
Methods.– Semi-structured interview; experimental psychological technique "Dembo-Rubinstein".
Results.– For the majority of respondents, the unevenness of real self-esteem is combined with underestimation of marks of ideal self-esteem. There is also a pessimistic assessment of their capabilities, which manifests itself in the form of lowering the evaluation of their potential opportunities to the level of real self-esteem. Most importantly, half of the subjects had extremely low scores on the happiness scale. During the experimental conversation, discussion of the scale of happiness was the most emotionally charged. Women who placed a mark below the middle in this scale, explained this by the child's health problems. For a group of moms who do not yet know about the diagnosis, this range of experiences is not typical.
Conclusions.– Mothers of children with ASD demonstrate general dissatisfaction with themselves, a pessimistic view of their own capabilities and the prevalence of feeling unhappy. The most difficult period for mothers is the stage of diagnostics, which is accompanied by difficulties in accepting a diagnosis and various emotional dysfunctions. During this period women need special psychological support.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0946

Intimate partner violence: attachment and early maladaptive schemas among victims

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Background and aims.– The pattern of violence over an intimate partner has been a serious concern over the years, and many are the studies that try to understand the mental, physical and psychological consequences of this public health problem. Attachment and establishment of significant early relationships begin in childhood, but its repercussions continue in adulthood as well as early maladaptive schemas, which can have a role in establishing/maintaining relationships based on violence.
The objective of this study was to characterize the sample, to describe the violence in the intimate relationship and the associations between attachment dimensions and early maladaptive schemas.
Methods.– A sample of 98 women (49 victims and 49 non-victims), aged between 18 and 80 years ($M = 41.98$, $SD = 13.74$) was collected. Correlation and non-parametric tests were conducted to analyze the relationship among the variables under study.
Results.– The two groups (victims vs. non-victims) showed differences regarding age, marital status, and education level. Most of the victims under study are no longer in the violent relationship, although the average duration of the relationships is long and the support from institutionsis recent. The overall sample presents a secure attachment prototype, although the victims also reveal a frightened attachment prototype. The victims obtained higher average values and a higher number of schemas than non-victims, being them Self-sacrifice, Unrelenting Standards/Hypercriticism, Negativity/Pessimism, Abandonment/Instability, Mistrust/Abuse, Emotional Inhibition, Emotional Deprivation, and Subjugation.
Conclusions.– There was a relation between attachment dimensions and early maladaptive schemas in both groups, however amongst victims this relationship reveals a greater dysfunctional character.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychosurgery & Stimulation Methods (ECT, TMS, VNS, DBS) - Part II

E-PP0948

Acceptability, safety & efficacy of transcranial magnetic stimulation (TMS) during pregnancy

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Background and aims.–
Introduction.– TMS is a non-pharmacological treatment for treatment-resistant depression (TRD). However, the safety and efficacy of TMS use during pregnancy is not clear as very little research evidence is available.
Methods.– Literature search (1995–2018) trough MEDLINE, GOOGLE SCHOLAR, Psych INFO, and SCOPUS using the search terms: transcranial magnetic stimulation and pregnancy and depression. 152 articles were generated; only fourteen met the study criteria.
Results.– Acceptability: Pregnant women usually prefer non-pharmacological treatments. A study conducted in 2011 to access the acceptability of repeated TMS for treatment of MDD during pregnancy found that TMS was considered an unacceptable option. However, after the women were shown an informational video, it acceptability increased significantly.
Safety: The first case report conducted to access the safety of TMS in pregnancy was in 1999. Several other studies have all reported TMS to be safe for the mother with no observed major side effects other than headache and scalp pain. TMS has not been shown to be associated with adverse fetal outcome during pregnancy or in the postnatal period.
Efficacy: TMS have been successfully used to relieve symptoms of MDD in pregnant women including TRD during the first, second and third trimester.
Conclusions.– TMS acceptability increases with knowledge about the procedure. The use of TMS in pregnancy is an effective non-pharmacological treatment for MDD. It is generally safe (for mother and child) and well tolerated with headache and dizziness reported as minor side effects.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0949

The effect of non-invasive stimulation of the autonomic nervous system in children with psychosomatic disorders

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Background and aims.– Modern studies show the important participation autonomic nervous system (ANS) in the development of psychosomatic disorders. This article discussed the possibility of correcting children's psychosomatic disorders with the help of non-invasive electrical stimulation of ANS structures with the "SYMPATHOCOR-01" neuroelectrostimulation device in complex therapy.
Methods.– Participated 83 children of both sexes from 5 to 14 years old with following diagnosis: bronchial asthma ($n = 34$), atopic dermatitis ($n = 27$), gastroesophageal reflux disease ($n = 22$). Data on relevant diseases were evaluated by clinical methods. Baseline ANS was assessed by the heart rate variability (HRV). All children were randomly divided into two groups ($n1 = 41$; $n2 = 42$). The entire observation period was 21 days. Both groups received standard medical therapy prescribed by a pediatrician. The second group was given additional daily therapy with a SYMPATHOCOR-01 device for 2 weeks. Evaluation of the state of children after the observation period was carried out according to the same criteria as the original one.
Results.– Clinical trials showed that most children (78%) had increased baseline ANS activity, which correlated with the severity of somatic manifestations. After two weeks of complex therapy improving the clinical condition was observed in most children in the group with neuroelectrostimulation device. This is consistent with the HRV analysis: LF/HF ratio for the first group changed from 7.71 ± 4.54 to 5.82 ± 6.28; for the second group - significantly decreases from 8.21 ± 5.82 to 2.12 ± 4.53.
Conclusions.– Adding non-invasive correction of ANS to standard medical therapy allows reducing the condition of children with psychosomatic diseases described in the article.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0950

No significant changes in the level of C-reactive protein in treatment-resistant patients with paranoid schizophrenia during electroconvulsive therapy

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Background and aims.– 10%-30% of patients with schizophrenia meet the criteria for treatment resistance, and 40%-70% of them do not improve after clozapine therapy or it is terminated due to adverse effects. The efficacy of electroconvulsive therapy (ECT) in treatment-resistant schizophrenia is undeniable. At the same time, data regarding its safety differ. The aim of this work was to study the dynamics of C-reactive protein (CRP) in patients with treatment-resistant paranoid schizophrenia during combined pharmacotherapy and ECT to identify possible inflammatory response.
Methods.– 32 patients with treatment-resistant paranoid schizophrenia (13 women, mean age 31.4 ± 9.5 years, disease duration 7.8 ± 6.6 years) and 41 patients with paranoid schizophrenia in remission (18 women, age 39.4 ± 9.1 years, disease duration 13.7 ± 9.1 years) were included. The serum levels of high sensitivity CRP were determined before the start of the procedures, a day after the third and sixth ECT using automated Abbott analyzer.
Results.– We have found no differences in the average level of CRP in the two groups of patients (3.1 ± 3.4 mg/l vs. 2.4 ± 3.7 mg/l, $p = 0.374$). The level of CRP of treatment-resistant patients at three time points amounted to, respectively, 3.22 ± 3.46 mg/l, 4.73 ± 5.61 mg/l, and 4.21 ± 5.48 mg/l (insignificant differences), indicating the absence of emergence or amplification of the inflammatory response.
Conclusions.– The absence of significant changes of this indicator confirms the safety of a combination of modern modified method of ECT and pharmacotherapy in treatment-resistant patients with paranoid schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0951

Analysis of cardiac action potential inhomogeneities in patients treated with electroconvulsive therapy

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Background and aims.– Electroconvulsive therapy (ECT) is a highly effective treatment for severe and drug-resistant forms of mental disorders. ECT complications are rare, but mostly concern acute cardiovascular episodes. Recent studies indicate the usefulness of digital ECG analysis in assessing the risk of cardiovascular death, arrhythmias and the development of heart failure. These parameters have not been studied so far in patients undergoing ECT.
Objectives.– Assessment of the effect of ECT on selected electrocardiographic parameters associated with an increased risk of cardiovascular death, i.e. duration of ventricular complex (QRSd), duration of the corrected QT interval (QTc) and spatial angle QRS-T (QRSTA).
Methods.– The study included 40 patients (28 men) aged 36.9 ± 16 years, qualified for ECT due to drug-resistant schizophrenia or depression. Patients were referred to series of 12 bilateral ECT using the Thymatron System IV. The recording and analysis of ECG parameters and spatial vectors were carried out using the GE MAC5500 digital device. The study group included patients without cardiovascular diseases (excluding hypertension, $n = 8$).
Results.– There were no statistically significant differences of QRSTA before and after ECT treatment (41.1 ± 18.9 vs $42.4 \pm 9^{\circ}$, $p = 0.09$). Similarly, no differences were observed in the QRSd values (92.8 ± 5.6 vs. 94.9 ± 5.8 ms, $p = 0.74$) and QTc (430.2 ± 26.4 vs 425.8 ± 19.6 ms, $p = 0.11$). The concentration of high-sensitivity troponin T before the initiation of ECT was 0.008 ± 0.006 ng/ml and did not significantly differ from the concentration after the therapy (0.008 ± 0.004 ng/ml, $p = 0.36$).
Conclusions.– Our results indicate high safety of ECT in patients with low baseline cardiovascular risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0953

Can deep brain stimulation lead to symptom remission in treatment-resistant patients with obsessive-compulsive disorder? case study of three obsessive-compulsive patients treated with deep brain stimulation

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Background and aims.– Deep Brain Stimulation (DBS) is an increasingly popular method of treatment in severe, drug-resistant psychiatric disorders, especially in Obsessive Compulsive Disorder. As around 10% of patients are resistant to standard treatment (pharmacotherapy, psychotherapy) and remain severely disabled, DBS gets more attention of researchers and clinicians.
The aim of this presentation is to try answering the question "What is the influence of different personality traits and baseline level of general functioning of patients with OCD on the effectiveness of DBS?".
Methods.– In this pilot study we have enrolled three patients suffering from treatment-resistant OCD and provided a successful, bilateral implantation of electrodes into nucleus accumbens (NAc) and ventral part of the anterior limb of internal capsule (vALIC). There were no complications or adverse events of surgery. Patients remained in pharmacological treatment, had possibility to get involved in CBT treatment. They were also regularly scored and observed in period of at least 6 months.
Results.– Mental state improvement differed, depending on the patient and period of stimulation, between 12% and 68% of Y-BOCS score reduction.
Conclusions.– Remission of obsessive and compulsive symptoms was partly independent from the stimulation parameters, and as well as changes in general functioning, was related to personality traits and level of insight. These factors influenced motivation (escpacialy in area of fulfilling social roles), quality of relationships and compliance to provided synergistic treatment options (pharmacotherapy, cognitive-behavioral therapy).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0956

Severity of psychotic depression - a better predictor for responsiveness to ECT than the mere presence of psychotic symptoms?

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Background and aims.– The mere presence of psychotic symptoms is an important predictor for responsiveness of electroconvulsive therapy (ECT) in psychotic depression. It is unknown whether a continuous severity measure is an even better predictor. This study Therefore, we investigated whether severity of psychotic depression as measured with the Psychotic Depression Assessment Scale (PDAS) is a better predictor of responsiveness to ECT than the mere presence of psychotic symptoms.
Methods.– Total group consisted of 33 patients with psychotic depression (PD) and 40 depressed patients without psychotic symptoms (non-PD). Depression severity was assessed with the Montgomery-Asberg Depression Rating Scale (MADRS) at baseline and after the last ECT treatment. Logistic regression models for MADRS response and remission were fitted, with either the PDAS or the dichotomous predictor 'presence of psychotic' symptoms as independent variables. Age, episode and treatment resistance were added as covariates.
Results.– Both presence of psychotic symptoms and a higher total PDAS-score favoured treatment MADRS-response. Also, MADRS-remission was predicted by mere presence of psychotic symptoms and higher PDAS-score. Age was an essential contributor to the prediction models, with greater chances at response and remission for older patients. PDAS scores decreased significantly during ECT. Of the total study group, 81.5% reached response and 63.9% remission according to the PDAS.
Conclusions.– The PDAS can predict response and remission to ECT in depression, but appears to have no clear advantage over knowing whether psychotic symptoms exist or not. Particularly (higher) age was of great importance in predicting responsiveness to ECT.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Psychotherapy

E-PP0958

Improved parental expressed emotion in a family-based intervention for adolescents with eating disorders

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Background and aims.– Family-based therapy for eating disorders is one of the most effective forms of treatment for adolescents. Expressed emotion has also been shown to modulate treatment outcome for these patients. However, little is still known about how family characteristics such as parental expressed emotion may impact family health and functioning on adolescent prognosis. Therefore, our aim was to investigate whether parents whose daughters present ED improve on expressed emotion as a result of a family-based intervention.
Methods.– One hundred and twenty-three parents whose daughters presented ED and received group therapy treatment at Niño Jesus hospital in Madrid participated in this randomized experiment. Whereas the experimental group was subjected to a family-based training (8-week sessions for about 2 hours), the control group had no training. Before and after this training (or the same amount of time for the control group), parents were administered the Level of Expressed Emotion (LEE) scale.
Results.– The family-based intervention improved parental expression emotion. Specifically, there were significant reductions in the levels of intrusiveness and hostility (near statistical significance) of parents belonging to the experimental group. No significant differences were found, though, for the other dimensions: emotional response, attitude toward illness, and tolerance.

Conclusions.– These findings provide evidence of improved parental expressed emotion in response to this family-based intervention for eating disorders in adolescents. Favoring the emotional climate and attitudes to significant others in families affected with eating disorders may also be associated with better treatment outcomes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0959

Psychotherapy in complex treatment of patients with opiate addiction with low motivation for treatment

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Background and aims.– Introduction. Opium dependence in many cases shows a high resistance to most treatment methods. One of the main reasons for this situation is the low motivation of patients for treatment.
Objectives.– Identification of clinico-psychopathological and personal factors associated with low motivation for treatment in patients with opiate dependence; the development of a psychotherapeutic technique aimed at the formation and maintenance of motivation to abandon the drug and, as a consequence, improving the effectiveness of treatment of this contingent.
Methods.– A total of 75 patients with opiate addiction were examined, all men, with an average age of 25.6 ± 3.2 years. On the basis of factorial and correlation analysis, two clinical-pathopsychological markers are established, reliably associated with the level of motivation for treatment. The first is the degree of severity of the pathological attraction to the drug, the second is the degree of self-awareness of the unity of I. An integrative psychotherapeutic method was developed to increase the motivation of addicts for treatment, focused on working with the functions of self-awareness. Efficacy evaluation was conducted in a randomized controlled trial.
Results.– The use of the developed method led to more than twofold excess of the number of remissions of addiction over 1 year in the main group compared to the control group.
Conclusions.– Psychotherapy, aimed at strengthening the motivation of patients with opiate dependence on treatment, significantly increases the effectiveness of the treatment complex.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0960

Therapy by theater as a method of rehabilitation for families raising children with mental disorders

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Background and aims.– The prevalence of the biopsychosocial approach in psychiatry inevitably entails the active implementation of the principles of psychosocial rehabilitation, the purpose of which is to integrate the patient into society and prevent disability. Therapy by theater is one of the most beautiful and effective ways of social and psychological rehabilitation.
To study and develop recommendations for non-drug treatment (art therapy) and medical rehabilitation of mentally ill children to the micro- and macroenvironment.
Methods.– Family sociogram; Olson's adaptation and cohesion test; questionnaire "The child through the eyes of parents"; parent's composition "My child".
Results.– For one year, 274 children and 52 families attended theatrical performances in various Moscow theaters. Embedding a family visit to the theater in the process of family psychotherapy, followed by a discussion of gained experience with the psychologist, becomes an effective tool for the following changes in the family system: 1) increasing the level of family cohesion; 2) change of parental ideas about the possibilities of a sick child; 3) the normalization of the family hierarchy, which, in the conditions of a serious illness of the child, is often disrupted; 4) the formation and development of new ways of coping with the state of the child.
Conclusions.– Therapy by theater, taking into account the great possibilities of this project, should maximize the development of the personality, which does not stop even in the situation of the disease, and also provide conditions for the successful socialization of children and adolescents hospitalized in a psychiatric hospital, and for their families.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0963

Mindfulness-based cognitive therapy (MBCT) in the treatment of major depression. Preliminary evidence for its effectiveness and mechanisms of change, an RCT study

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Background and aims.– Major Depressive Disorder (MDD) is a pervasive disorder estimated to be the leading cause of disability worldwide. Although current treatments lead to improvement in majority of depressed individuals, more needs to be known about new therapies modalities and their mechanisms of action. Although mindfulness-based cognitive therapy (MBCT) has been found to be effective in preventing the relapse of recurrent depression, it is not clear if MBCT is effective for currently depressed individuals.
Objectives.– The aim of the current research was to evaluate if MBCT can reduce depressive symptoms and to assess mechanisms underlying such changes.
Methods.– 56 individuals with a diagnosis of MDD were randomly assigned to MBCT ($n = 26$) and Waiting List ($n = 30$) conditions. Prior and post 8 weeks intervention they completed questionnaires, maintained a diary for 7 days, and unscrambled a list of scrambled sentences as a measure of their depressive interpretation bias (Scramble Sentences Test, SST) with eye movements being recorded during task.
Results.– We found reduction in depressive symptoms, together with increase in mindfulness in MBCT group. After MBCT, participants perceived events as more positive and less stressful, and they used significantly fewer negation and discrepancy words. Moreover, they made more positive interpretations in the SST than before training, fixated less on negative keywords and more on

positive keywords than at the pre-test. No such differences were found for the waiting group.
Conclusions.– These findings suggest that MBCT can be effective in treating current depression and indicate possible mechanisms underlying therapeutic change.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0964

Mindfulness and ADHD: does it really work?

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Background and aims.– Attention Deficit Hyperactivity Disorder (ADHD) is a neurobiological disorder characterized by inattention, hyperactivity and/or impulsivity. Almost 8% of children aged between 4 and 17 years, and 4,4% of adults aged between 18 and 44 years match the criteria for this diagnosis.
Mindfulness is defined as paying nonjudgmentally attention to the present moment. Mindfulness training can improve attention regulation and evidence of mindfulness training for children, adolescents and adults with ADHD is growing. The aim of this study is to evaluate the effects of mindfulness training as a non-pharmacological treatment for children, adolescents and adults with ADHD.
Methods.– A non-systematic Pubmed/MEDLINE search was conducted using the terms: "Attention Deficit Hyperactive Disorder", "ADHD", "mindfulness", "meditation" and "attention". The research was limited to articles published in the last 8 years.
Results.– Mindfulness -based intervention is more commonly used in adults than in children and adolescents. Studies show significant improvement in attention in adult ADHD patients. One study shows preliminary evidence for the effectiveness of mindfulness for children with ADHD and for their parents, as rated by parents. Three studies supported that mindfulness-based training is of clinical value for adolescents with ADHD.
Conclusions.– Mindfulness-based intervention is an effective treatment approach to improve attention deficits in adult ADHD patients. It is still arguable whether mindfulness-based intervention is effective for children and adolescents with ADHD due to limited data. More studies are needed to confirm the efficiency of this approach in children and adolescents with ADHD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0966

Integration of psychotherapy in the mental health service – three decades of lithuanian experience

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Background and aims.– History of psychotherapy in Lithuania may be traced from early 30-ies of XX century, but till middle 70-ies it remained a profession of a few, and they practiced it very often in hiding. However, in 1976–1977 the small group of 13–15 enthusiasts entered the field from both medical and psychology backgrounds first with self-education activities. From 1980 it grew into much wider yearly Vilnius Spring seminars, which collected over hundred of participants from all over former Soviet Union.
Methods.– From late 70-ies an in-patient department for neurotic disorders was opened in Vilnius Psychiatric Hospital, and in 1990 was established Vilnius Clinical Psychotherapy Center. However, it was dismantled in 2002, and till now hardly any similar structure was created.
Results.– Psychotherapy as a specialty in Lithuania was growing and developing detached from mental health service, and some reasons for this will be discussed. There were numerous attempts to formally and legally formalize the training and practice of psychotherapy inside and outside the state-financed mental health system, but till now it has failed.
Conclusions.– Main standard for the training of psychotherapists in Lithuania is European Certificate of Psychotherapy, and oldest local school of psychotherapy – Individual Psychodynamic Psychotherapy course at Vilnius University – uses this standard since the beginnings in 1992. However, how rigorous the requirements for the training are – it still hardly persuades both decision makers and our colleagues psychiatrists, that these professionals are perfectly fit to work together in the service of patients and clients in the mental health field.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0968

Applying the matrix, a machine learning based tool, for enhancing supervision in psychodynamic-oriented psychotherapy

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Background and aims.– The complexity of psychotherapy poses a great obstacle for researchers. Dynamic psychotherapy contains a vast range of occurrences, conscious and unconscious, relating to actions, thoughts, and emotions of both patient and therapist. The MATRIX is a non-dogmatic measure that enables algorithmic, moment-by-moment coding of psychodynamic-oriented psychotherapies. It sequentially codes fragments by their focus (patient/therapist/dyad) and dimension (potential-/content-/interrelation of experiences) (Figure 1). Machine-learning procedures applied on MATRIX sequences were shown to fully-explain the outcome of psychotherapy. Thus, a gentle adaptive stochastic boosting classification model perfectly distinguished between successful and unsuccessful treatments.
Our objective is to explore the possible use of the MATRIX in enhancing supervisions in psychotherapy.
Methods.– A publicly available segment of psychotherapy was MATRIX coded, and analyzed a the MATRIX-derived structured supervision enhancer-tool.
Results.– Applying the MATRIX-derived structured supervision enhancer-tool illuminated theoretical, clinical and technical issues essential to therapy. These are discussed for advantageous and limitations.
Conclusions.– Combining innovative tools of representation and coding (the MATRIX) with powerful computational models formalizing patient-therapist interactional processes (machine-learning strategies) has the potential to translate knowledge to practice. Thus, the MATRIX, and tools alike, could contribute in designing psychotherapeutic processes that improve outcome, and in the future may pave the way for developing data-driven predictive models assisting in computer-assisted, or automated, psychotherapies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0970

Assessment of the psychosocial adjustment in patients with brain contusion

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Background and aims.– Brain contusion is a disabling mental disorder associated with reduced quality of life, impaired functioning and significant burden for families and society. To assess the psychosocial adjustment in patients with brain contusion, and to identify the social and clinical features interfering with this adjustment.
Methods.– This is a cross-sectional, descriptive and analytic study involving 78 patients diagnosed with brain contusion. Psychosocial adjustment was assessed with The Social Function Scale (SFS). The leading role was played by a combination of two areas of work: psychotherapy (individual and family) and psychosocial work.
Results.– Identified risk factors for social functions: 14.1% of patients were unemployed, 48,7% of employed subjects had significant occupation impairment. 37,2% were divorced or separated. 10,3% were married. 52,5% of married patients had moderate or severe marital dysfunction, significantly influenced by having children, a poor insight or comorbid personality, mental and behavioral disorders. More than a half had a moderate or severe social impairment, significantly influenced by mental and addiction disorder and availability of therapy. 62,8% of brain contusion patients had moderate or severe general psychosocial maladjustment and was associated with psychiatric comorbid disoders, especially depressive episodes. In 58.0% of patients showed stabilization of mental and emotional state, decrease professional maladjustment and family dysfunction after psychotherapy.
Conclusions.– Our study underlines the importance of both pharmacological and psychotherapeutic interventions aiming to improve psychosocial adjustment and occupational functioning in patients suffering from brain contusion.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0971

Changes in resting-state functional connectivity after intensive somatic group psychotherapy- preliminary report

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Background and aims.– Mechanisms through which psychotherapy enhances functioning remain difficult to specify. Resting-state functional magnetic resonance imaging provides a noninvasive method to map functional communication in the brain network and gives possibility to find the associations between response to psychotherapy and baseline activity in several key regions.
The aim of the present study was to investigate changes in resting-state functional connectivity in a sample of adolescents with diagnosis of anxiety disorders after 5 days intensive somatic group psychotherapy.
Methods.– Resting-state fMRI data was obtained from 7 volunteers two times: one week before and one week after psychotherapy. MR scans were performed using Philips Ingenia 3T scanner and 32-channel ds-head with closed eyes using EPI-BOLD sequences at 2.5 mm isotropic resolution at an acquisition time of 15 minutes. The structural data were collected in an isotropic resolution of 0.75 mm in the T13D TFE sequence. The CONN software (web.conn-toolbox.org) was used to process the obtained functional data along with structural data. We used the functional connectivity method based on regions of interest (ROI-ROI).
Results.– We found increased connectivity in a sub-network of connections encompassing the anterior cerebellar network with right nucleus accumbens and posterior cerebellar network with right anterior insula (p-FDR < 0.01). The above changes were found in all subjects but due to the current size of the group are preliminary and require further confirmation.
Conclusions.– The changes in sub-network comprise areas mainly involved in interoceptive information and in emotional processes induced by somatic group psychotherapy demonstrate that this method of psychotherapy takes effect through a "bottom-up" mechanism.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0972

Psychiatry as psychotherapy: more than 40 years of research

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Background and aims.– In 2017, for the first time in Italy, the Ministry of Public Health recognized psychotherapy as an essential treatment for the cure of mental illness. In Italy, since 1971 the psychiatrist Massimo Fagioli has developed a theoretical model, known as Human Birth Theory in which Psychiatry was essentially conceptualized as Psychotherapy, overcoming the traditional division between body and mind, opposing biological psychiatry and at the same time clinical psychology conceptualized as mere assistance.
In 1976 Massimo Fagioli started an original experience of group psychotherapy called Analisi Collettiva, conducted until 2017, the year of his death. Analisi Collettiva was gradually structured with four psychotherapy sessions per week, and each session lasted 4 hours.
In these large groups of psychotherapy thousands of people found a cure for mental illness developing at the same time research about human relationships, important to form personal identity.
In this paper we propose our clinical experience with two groups of psychotherapy constituted of young adults, which are conducted in a Public Health Center, with a psychodynamic psychotherapy based on Massimo Fagioli's Human Birth Theory.
Methods.– The interpretation of the *annulment pulsion* theorized by Fagioli in 1971 is the specific instrument of cure that we use to interpret patients' pathological behaviour, their conscious mental activity and their non- conscious mental activity which expresses itself through dreams.
Results.– A positive quality reaction is expressed through the change in oneiric activity and symptomatology.
Conclusions.– These results encourage further studies about the possibility to apply psychotherapy based on HBT in Public Health Center.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0974

Brief psychotherapeutic psychodynamic intervention in a primary care university setting

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Background and aims.– General practitioners (GPs) mostly use medication as a first line treatment of mental health problems (MHP), whereas psychiatrists use psychotherapeutic treatments, who have demonstrated their effectiveness. We present an intervention aiming to propose a psychotherapeutic consultation in a primary care setting (PCS). We investigated the feasibility of brief psychodynamic intervention (BPI) in PCS.
Methods.– Consultation-liaison (CL) psychiatrists conducted a "three step" BPI in a university outpatient PCS (Figure 1).

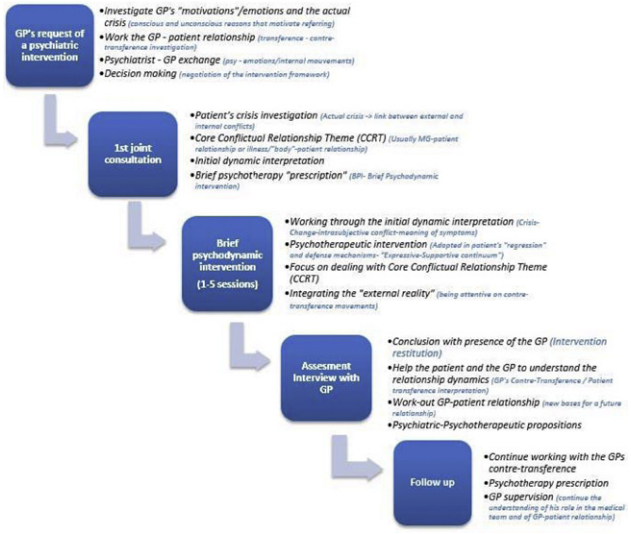


Figure 1. Brief psychotherapeutic intervention in primary care.

Interventions were adapted to the patients "regression" levels and to their defense mechanisms to take into account the heterogeneity of clinical presentations in PCS. GPs referred their patients to the CL psychiatrist either when they detected a MHP or when they were confronted with relationship difficulties. Cooperative work was held, with the agreement of the patient. An observational study was conducted during a year in a university outpatient PCS.
Results.– 64 patients were seen by the psychiatrist. Fifty-one (80%) of them received a BPI. Various mental disorders were treated (mood, neurotic, somatoform, personality disorders etc.). A new psychotropic prescription was needed in 17 interventions (27%). Feedback from GPs indicated that their expectations were satisfied by the proposed intervention.
Conclusions.– By the BPI a "multilevel" balance is found between: (a) a psychotherapeutic intervention for the patient, (b) his internal and external reality and (c) an exposition of the psychotherapeutic reasoning to GPs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Quality Management/Psychopathology

E-PP0977

Integrative care and quality of life (QOL) promotion through icts in persons with spinal cord injury (SCI): a pilot study

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Background and aims.– Introduction:SCI is a complex phenomenon leading to bio-psychosocial changes which affect patients' as well as their caregivers' health and QoL. Information and Communication Technologies (ICT) is expanding in the health field, providing health care services, disseminating technical-scientific knowledge, sharing popular knowledge, and overcoming geographic distances, and temporal and sociocultural barriers. The relevant field for this is called Telemedicine or Telehealth, with interactions mediated in real time or not, through the internet or global social networks technologies, with the use of application software or not.
Objectives.– To address in a better manner the special needs of community individuals with SCI and to investigate the possible promotion of their QoL using ICT.
Methods.– We established a useful set of ICT tools (live chatbox, call to action, interactive videos, social networks, etc) so as to enhance peer-support between individuals with SCI or direct contact with health professionals through Redline (physician, nurse, psychologist), to present e-learning modules upon psychoeducation and to demostrate exercise-physio programs through videos. The possible improvement in participant's QoL will be measured by the World Health Organization Quality of Life BREF (WHOQOL-BREF) questionnaire.
Results.– We expect that the appropriate use of internet and Telemedicine will favor the QoL of individuals with SCI as they provide long-distance delivery of medical education and services reducing reliance on in-patient care.
Conclusions.– Conclusions:Health professionals and institutions, that are involved in care of individuals with SCI, should be prepared to redefine their care practices and adopt new perspectives on Telerehabilitation in favor of service quality, as well as patients' satisfaction and wellbeing.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0978

Acute inpatient mental health staff's views on factors affecting their morale: a qualitative survey

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Background and aims.– Staff morale may be influenced by job characteristics and organisational factors. Acute mental health wards are stressful work environments, where increased numbers of detained patients, high levels of verbal/physical violence, high staff sickness and burnout rates, difficulties with staff recruitment and retention, and pressure for short lengths of patient stay are common. This study aimed to explore factors that demoralised inpatient mental health staff.

Methods.– An online survey with free text was sent to all 193 multidisciplinary staff members of three general adult acute wards, one psychiatric intensive care unit and one older adults acute ward. A qualitative approach was used to explore potential causes of staff demoralisation and to gain deeper understanding of participants' perspectives. Manual thematic analysis was completed to identify discrete themes.
Results.– Response rate was 58%, with 112 professionals responding, including 59 nurses, 28 support workers, 11 doctors, 4 pharmacists and 10 other. Staff felt demoralised by their experiences with senior management (30%), low staffing levels (25%), bed pressures (21%), high workload and long hours (9%), organisational systems and processes (8%), verbal/physical abuse in the workplace (8%) and other factors (29%) including lack of support, "not being listened to", non-effective communication about changes, and lack of time to spend with patients.
Conclusions.– Participants emphasised the negative effect of inadequate staffing, bed pressures, high workload, inefficient organisational systems, perceived poor communication and support from senior management, and feeling unsafe in a violent environment on their morale. Safe, better-resourced ward environments and well-structured organisational procedures may contribute to improved staff morale.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0979

Trait anger and anger attacks in patients with depressive and anxiety disorders

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Background and aims.– High levels of anger may occur in patients with various psychiatric disorders, and this is associated with maladaptive (e.g., aggressive) behaviours. We aimed to investigate the level of trait anger and the prevalence of anger attacks in patients with depressive and anxiety disorders, as well as their sociodemographic and clinical associations.
Methods.– In the Netherlands Study of Depression and Anxiety (NESDA) cohort study, the anger trait was assessed with the Spielberger State-Trait Anger Scale and anger attacks with the Anger Attacks Questionnaire. We included patients with depression ($N = 204$), anxiety ($N = 288$), comorbid depressive and anxiety disorders ('comorbid', $N = 222$), remitted participants ($N = 1107$), and healthy control participants ($N = 470$).
Results.– Participants were on average 46.2 years old (SD = 13.1), and 66.3% were female. Trait anger and anger attacks were most prevalent in participants with comorbid depressive and anxiety disorders ($M = 18.51$ and 22.1%, respectively), followed by anxiety disorder, depressive disorder, remitted disorder, and controls ($M = 12.70$ and 1.3%, respectively), in that order ($p < 0.001$). MDD, social phobia, panic disorder, and GAD had the strongest link to both trait anger and anger attacks. Being male, having fewer years of education, and alcohol dependency/abuse were independently associated with trait anger. Age was inversely associated with anger attacks.
Conclusions.– Anger is most prevalent in patients with comorbid depressive and anxiety disorders. Participants with a remitted disorder were still at a higher risk of trait anger and anger attacks as compared to controls.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0980

Validation of the Jasper/Goldberg adult ADD screening examination - version 5.0 in a sample of the Portuguese population

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Background and aims.– Attention Deficit/Hyperactivity Disorder is a common disorder diagnosed in the childhood (9 to 20%). Although 50–70% of children with Attention Deficit/Hyperactivity Disorder continue to display symptoms in adulthood, prevalence rates in adults are estimated at around 4%. Adult Attention Deficit/Hyperactivity Disorder is an important disorder as 88% of diagnosed adults are known to show other mental health problems. Since adult Attention Deficit/Hyperactivity Disorder may be undiagnosed, it is essential to use psychometric robust Attention-Deficit/Hyperactivity Disorder-specific instruments for its screening. This study aimed to validate the Jasper/Goldberg Adult ADD Screening Examination - Version 5.0 in a sample of the Portuguese population.
Methods.– 404 members of the general population filled a sociodemographic-clinical questionnaire and the 24 items Adult ADD Screening Examination-5 in an internet survey displayed in a self-help web page about adult Attention Deficit/Hyperactivity Disorder. The mean age was 32.54 years ($SD = 9.95$) ranging between 18 and 71; 60.5% were women, and the mean education was 15.58 years ($SD = 4.39$).
Results.– Cronbach's alpha was 0.92 with a four-factor structure explaining 57.0% of the variance (Kaiser-Meyer-Olkin measure of sampling adequacy = 0.91; Bartlett's test of Sphericity: $p < .001$).
Conclusions.– The preliminary results indicate that the Jasper/Goldberg Adult ADD Screening Examination-5 is a valid instrument for the general adult population. Future directions include establishing the validity for the screening of Attention Deficit/Hyperactivity Disorder with clinical samples.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0981

Depression and anxiety in ICU survivors: association with length of stay

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Background and aims.– Critical illness survivors frequently face complex physical, cognitive and psychological sequelae. Among psychological consequences, depression and anxiety are frequent and can have a negative impact on survivors' recovery and quality of life.
Aims.– To describe depression and anxiety in survivors at 3-months of Intensive Care Unit/ICU discharge and to examine their association with Length of Stay/LOS.
Methods.– Prospective study with adult outpatients of follow-up appointment of Intensive Care Medicine Service in CHSJ-Porto, who had ICU-LOS ≥ 5 days, having sequelae/dysfunctions (due to critical illness/organic support at ICU discharge) and currently with

autonomy to come to appointment. Brain injury at ICU admission and inability to communicate were exclusion criteria. Participants were assessed with Hospital Anxiety and Depression Scale/HADS and illness severity with APACHE-II.
Results.– The sample ($n = 30$) had a mean of 56(±15) y.o., and were mostly male (77%) and married (60%). The mean APACHE-II on admission was 18.9 (±10). The mean ICU-LOS was 18.4(±15) days and medical admission diagnostic category prevailed (46.7%) over surgery and trauma ones. Overall, 24% had depression and 14% anxiety. The main anxiety symptom reported was "feel tense/wound up" (48.3%) and "feel as if have slowed down" (41.4%) was the most frequent regarding depression. Positive correlations between ICU-LOS and depression (rs = 0.451; $p = 0.014$) and anxiety (rs = 0.433; $p = 0.019$) were found.
Conclusions.– These results support the hypothesis that depression and anxiety are frequent in ICU survivors and increasing ICU-LOS was associated with more depression and anxiety at follow-up. However, future studies are needed to explore other factors related to long-term psychological morbidity, to better understand these psychological consequences.
Acknowledgement.– This work was supported by FCT fellowship (SFRH/BPD/103306/2014).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0982

Assessing nomophobia: the portuguese version of the nomophobia questionnaire

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Background and aims.– The nomophobia (no mobile phone phobia) may be considered a specific phobia characterized by the fear of being without a mobile phone, a smartphone or Internet, inducing a negative impact in the individual's life. In order to assess this construct, the Nomophobia Questionnaire (NMP-Q) was developed and proved to be a valid and reliable measure. This study aimed to develop the Portuguese version of the Nomophobia Questionnaire (NMP-Q-PT) and explore its factor structure and psychometric characteristics in the general population.
Methods.– A sample of 203 participants was recruited at a university and online. Participants completed a sociodemographic questionnaire, the NMP-Q-PT, the Smartphone Admission Scale - Short Version (SAS-SV) and the Depression, Anxiety, and Stress Scales (DASS-21). College students completed the instruments in a paper pencil format and participants recruited online also completed the instruments online.
Results.– According to the original version a 4-factor model was tested. Results suggested that defining correlations between items 5 and 6, 17 and 20, 11 and 14 would improve the fit. This second model was tested and fit indexes were: $\chi^2/gl = 2.26$; CFI = .945; GFI = .849; RMSEA = .079; MECVI = 2.347. A Cronbach's alpha of .96 was found. Regarding correlations between the NMPQ-PT and the SAS-SV, results showed a positive correlation. Positive correlations were also found between NMP-Q-PT and depressive symptoms, anxiety symptoms and stress symptoms of DASS-21.
Conclusions.– The current study allowed to achieve a Portuguese version of the NMP-Q that showed to be a valid and reliable instrument for the assessment of nomophobia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0983

Disability in adult psychosomatic inpatients suffering from attention deficit hyperactivity disorder (ADHD) and minimal cerebral dysfunction (MCD)

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Background and aims.– Attention Deficit Hyperactivity Disorder (ADHD)" often persist into adulthood. Additional to attention deficits and hyperactivity, there is a broad spectrum of further minimal cerebral dysfunctions, which also can cause impairment.
Objectives were to investigate the contribution of additive symptoms of ADHD to disability.
Attention Deficit Hyperactivity Disorder (ADHD)" often persist into adulthood. Additional to attention deficits and hyperactivity, there is a broad spectrum of further minimal cerebral dysfunctions, which also can cause impairment.
Objectives were to investigate the contribution of additive symptoms of ADHD to disability.
Methods.– The ADHS-SB (attention deficit hyperactivity scale)", the "MCD- scale (minimal cerebral dysfunction scale)", and the "SCL-90R (Symptom Checklist)" were answered by 1453 inpatients of a psychiatric-psychosomatic hospital.
Results.– ADHD cases (according to the AHS-SB) show a lower vocational qualification, longer absenteeism and overburdening at the workplace, a higher unemployment rate and a higher SCL-GSI score than controls. Regression analyses show that psychological distress and ability to work are preferably influenced by problems of orientation, cognitive impairment, vegetative lability, emotional problems, disorders of motor function and only a lower degree by hyperactivity.
Conclusions.– Disability of ADHD patients is depending on additive symptoms (emotional, cognitive, motor, vegetative), rather than the core symptoms hyperactivity and attention deficit.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0984

Self-compassion and repetitive negative thinking in non-clinical paranoia: differential contributions to depression and satisfaction with life

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Background and aims.– In the rise of process-based psychotherapy, understanding the processes underlying human suffering in clinical and non-clinical populations is key. Repetitive negative thinking (RNT) and self-compassion are widely studied processes with strong evidence regarding their association with psychopathology and quality of life. To our knowledge the associations between these variables and paranoia is still not studied.
We aimed to explore the associations between paranoia, RNT, self-compassion components (positive and negative), depression and satisfaction with life in a non-clinical sample. Also, we sought to understand the mediator role of self-compassion and RNT in the relationship between paranoia and depression or satisfaction with life.

Methods.– The sample ($N = 235$) was mostly female (65.5%), married (23.8%), with a mean age of 29.83 and 15.79 years of education. Participants were assessed via self-report questionnaires. Pearson correlations were examined and two parallel multiple mediations were performed.
Results.– All variables under study were significantly associated with each other. Both models were significant and explained 32% and 10% of depression and satisfaction with life, respectively. The direct influence of paranoid ideation was significant in both models. The only indirect effects found were for the influence of negative and positive components of self-compassion in depression and positive components in satisfaction with life.
Conclusions.– Although in need for replication, our results indicate the relevance of self-compassion in both depression and satisfaction with life. These results can inform future research on paranoia and potentially provide targets for prevention programs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0985

Moderating role of resilience in relationship between parent-adolescent conflict and psychological distress among adolescents

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Background and aims.– The research was aimed to explore the relationship between parent-adolescent conflict, resilience and psychological distress among adolescents. It was hypothesized that parent-adolescent conflict increases psychological distress among adolescents and that resilience moderates this relationship.
Methods.– Sample of the study comprised of $N = 459$ adolescents from different educational institutions in the premises of Rawalpindi and Islamabad, with age 15 to 19 years ($M = 16.47$, $SD = 1.3$ years). Issues Checklist (IC; Robin & Foster, 1989), Ego Resiliency Scale Revised (ER-89 R; Alessandri, Vecchio, Steca, Caprara, & Caprara, 2007) and Depression Anxiety and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) were used to measure parent-adolescent conflict, resilience and psychological distress (depression, anxiety and stress).
Results.– Results indicated that boys were significantly higher on conflict with their parents as compared to girls. Significant positive relationship between parent-adolescent conflict and depression ($r = .23$, $p < .01$), anxiety ($r = .31$, $p < .01$) and stress ($r = .33$, $p < .01$) confirmed our assumptions. Contrary to that, resilience significantly negatively related with depression ($r = -.25$, $p < .01$), anxiety ($r = -.18$, $p < .01$) and stress ($r = -.26$, $p < .01$). Results of moderation analyses indicated that resilience moderates the relationship between parent-adolescent conflict and psychological distress (i.e., depression, anxiety and stress) among adolescents.
Conclusions.– It is concluded that resilient adolescents face less consequences of conflicts with parents in terms of psychopathology. It is recommended that intervention plans shall focus resilience in adolescents to avoid negative consequences of parents-adolescent conflicts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0986

The obsessive-compulsive dimension in acute inpatients with schizophrenia spectrum disorders: the impact on clinical and symptomatological profile

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Background and aims.– The presence of obsessive-compulsive symptoms (OCS) contributes to the complexity of schizophrenia spectrum disorders (SCHZ), despite it is not enlisted as one of the canonical symptom dimensions. The present study investigates the impact of OCS on the clinical profile and the psychopathology of SCHZ in a sample of acute inpatients.
Methods.– Patients were recruited at the Psychiatric Inpatient Unit in the General Hospital of Perugia, Umbria, Italy, from January 2015 to March 2017. Socio-demographic and clinical information were collected. Psychopathological assessment was performed by means of the Positive and Negative Syndrome Scale (PANSS) and the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). The PANSS autism severity score (PAUSS) and the positive, negative, disorganization, excitement and emotional distress factors of the PANSS were analysed according to a dimensional approach. The whole sample ($n = 97$) was divided into three groups according to Y-BOCS scores (absent OCS: 0-7; mild: 8–16; moderate/severe: >17) and compared using chi square test and ANOVA.
Results.– The three groups did not differ in terms of socio-demographic and clinical characteristics. As for psychopathology, SCHZ patients with severe OCS ($n = 39$) presented higher scores at the negative ($p = 0.007$), emotional distress ($p = 0.006$) and PAUSS ($p = 0.005$) factors than patients with absent OCS ($n = 39$).
Conclusions.– The presence of severe, but not mild, OCS defines a worse clinical frame for a subgroup of SCHZ acute inpatients, deserving an adequate identification and targeted intervention strategies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0987

Verbal auditory hallucinations as a speech disorder: recent evidence, long-standing psychoanalytical insights and the need for unified theoretical frameworks of psychotic phenomena

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Background and aims.– Verbal auditory hallucinations (VAH) are hallmark symptoms of psychosis, and more specifically of schizophrenia. A huge body of evidence indicates that VAH's can been attributed to a disorganization of overall speech capacity in psychotic subjects.
Methods.– Firstly, during VAHs mainly brain areas responsible for speech generation and understanding are activated; [1] secondly, psychotic patients' own subvocal speech has virtually the same content as VAHs; thirdly, according to cognitive models, AVHs

result from the misattribution of inner speech (that is, the patient's own thoughts) to external sources [2].
Results.– The above evidence seems to confirm some of the long-standing insights mainly of the French psychiatric (de Clerambeault) and psychoanalytical (Lacan) school, according to which a) the outside world is perceived through normal language function b) a language disorder is central to all psychotic phenomena and c) VAHs represent an autonomization of speech (thought) function in comparison to subjective sense of self (de Clerambeault: "hallucinations think") [3].
Conclusions.– We conclude with stressing the need for a) a shift towards a more theoretically informed understanding of psychotic phenomena and b) to the integration of different levels of explanation/different branches of enquiry of mental phenomena [4].
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0990

Do deaf psychotic patients hear voices? - an update on the psychotic experience in deaf patients

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Background and aims.– Deliberation on how deaf patients might experience auditory hallucinations remains a topic of interest for psychopathological exploration. Deaf patients often report "conversations", "loud voices" and other subjective narratives to describe important fonts of information during psychotic outbreaks.
Objectives.– The aim is to clarify the territory of auditory hallucinations in deaf patients from a phenomenological frame set.
Methods.– A literature review was conducted using the PubMed and the ResearchGate search databases.
Results.– Deaf patients often experience language disfluency, borrowing expressions from the "hearing culture" that compromise the examination. Despite the contradicting information, the state of the art literature supports the hypothesis that pre-linguistic deaf psychotic patients do not experience true auditory hallucinations. The remainder deaf psychotic patients might experience auditory hallucinations correlated directly to the array of experiences concerning language and the level of hearing loss. The psychotic experiences lived by this patients are vast and not fully grasped, sometimes assuming the form of a delusion of hearing.
Conclusions.– To assess for auditory hallucinations in deaf patients an understanding of the deaf culture should be intertwined with a broaden concept of a psychotic experience in this population. Expert assessment and deaf-oriented mental status exam are strongly advised. The further knowledge necessary to enlighten the deaf internal psychotic experiences entails bigger sampled studies, functional MRI studying and a re-evaluation of the concept of auditory hallucination in pre-linguistic deaf patients. Clinicians should adopt a mutational attitude in the continuing debate between professionals' expectations, the deaf phenomenological frames of reference for a psychotic experience and the unknowable.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Rehabilitation and psychoeducation - Part I

E-PP0993

Rehabilitation-oriented diagnostics of personality development in adolescents with adaptation disorders

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Background and aims.– Traditional psychological diagnostics is aimed at detection of disturbances in mental processes and functions; however, it appears insufficient for organization of rehabilitation.
Methods.– During the research, mental disorders in children and adolescents were examined under real conditions as well as their social environment, family structure, place of a child within the family, relations between family members, etc. The authors argue that these social data are of vital importance for understanding of adolescent's inner world and selfhood.
Results.– Mental disorders in adolescents could be better understood after examination of developmental conditions, peculiarities of interiorization, shaping of selfhood. Such an understanding is cultural-historical in its nature and presupposes that it is possible to observe transformation of external social interactions into structures of inner communication. Such an approach to the genesis of mental disorders allows to detect socio-cultural predictors indicating possible future disorder, such as: 1) situation of the only child in the single-parent family accompanied by conflict relations within the family; 2) longtime somatic diseases; 3) systematic overprotection of different types, e.g. hyper-satisfaction of child's needs, etc.
Conclusions.– Understanding mental disorders in adolescents from the perspective of their age dynamics and manifestations of adolescence crisis allows to refine diagnosis of mental disorders and opens new horizons in rehabilitation, which could be organized in a more productive way with integration of developmental psychology, psychiatry and clinical psychology. Many mental disorders in adolescence can be better explained by peculiarities of patient's adolescence crisis than by the concept of mental disease.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0994

The mirror visual feedback, constraint-induced movement therapy and finger gymnastic in rehabilitation of patients with motor dysfunction in wrist due to stroke or brain tumor

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Background and aims.– We have used a complex of medical rehabilitation (CMR) for patients with motor dysfunction of the wrist due to stroke or brain tumor based on the Mirror Visual Feedback (MVF), constraint-induced movement therapy (CIMT), original method of wrist gymnastic and method of using latex rubber bands.

The purpose of this study is evaluation the effectiveness of restoration the motor function of the wrist using investigated CMR.
Methods.– 96 patients with motor dysfunction were divided into clinical (1) (54 patients) and control (2) (42 patients) comparable groups. All patients received standard treatment. In addition, respondents from group-1 received the investigated CMR.
Evaluations Methods: assessment of fine motor skills under the stopwatch control, measuring the strength of the wrist muscles, the disabilities of the arm, shoulder and hand (DASH) scale. All these methods were used before the start of rehabilitation and after completion.
Results.– After the completion the respondents of group 1 showed statistically significant higher results in increasing the strength of the wrist, and by the DASH scale. The results of the analysis of the fine motor skills in the two groups also showed statistically significant differences: respondents of group-1 showed statistically significantly better results in comparison with group-2 in manipulating small objects during their retention and subsequent unfolding on the surface, while the results of gripping followed by retention of small objects did not have a statistical difference.
Conclusions.– The investigated CMR can be a significant addition to the standard program of rehabilitation measures in patients with limb dysfunctions due to stroke and brain tumor.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0997

The process of accepting a child's mental illness in parents, hospitalized with their children in a psychiatric hospital

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Background and aims.– Accepting a child's disease, an adequate image of it - one of the key factors in family adherence to treatment and an important goal for parents.
Objectives.– To study the representation of child's mental illness in mothers hospitalized with him at the clinic;
Methods.– A questionnaire that examines the needs of the family and readiness for work; "F-SOZU-22"; the composition "My Child"; Questionnaire "Prohibition of expression of feelings".
Results.– The leading need of parents at the stage of hospitalization is the need to obtain complete information about the state of the child; the next rank (a.s. is 3,786 and 3,929 out of 4) have needs for a child survey and training in new strategies. 74% of the respondents say about the high need for help in taking the condition of the child, and only 33%, according to experts, have a relatively high level of acceptance of what is happening to the child. The most "forbidden" to the demonstration for all parents is the experience of sadness. Attention is drawn to the low level of perception of social support; There are also significant inverse correlations between the need for rest from the child and the level of instrumental support ($r = 0.68$ and $r = 0.742$; $p = 0.05$).
Conclusions.– We visually demonstrate the unevenness and mosaic of the image of the child's illness and ambivalence in relation to the very fact of the disease; similar dynamics can be noted in practical - family and group work with parents.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0998

Psychoeducational intervention for perinatal depression: study protocol of a randomized controlled trial

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Background and aims.– Perinatal depression (PD) impacts negatively on children in terms of adverse neonatal outcomes and on the wellbeing of women and their families. A few studies have evaluated the use of psychoeducational interventions in PD, although the effectiveness of psychological and psychosocial treatments has already been demonstrated in different serious mental illness. Our aims are: 1) to evaluate the efficacy of a psychoeducational family intervention compared to the best treatment option (BTO) in women affected by PD and their family members; 2) to identify predictive factors of PD; 3) to improve relatives' coping strategies and functioning.
Methods.– All pregnant women attending the unit of Gynecology and Obstetrics of the University of Campania "L. Vanvitelli" will be screened for PD using clinical interview and the Edinburgh Postpartum Depression Scale (EPDS). Women with PD will be randomly allocated to either an experimental group, receiving a uni-familiar psychoeducational intervention, or to a control group, receiving BTO. Patients will be assessed at baseline, 3, 6, 9 and 12 months post-randomization. At each time, patients will complete several assessment tools to evaluate the severity of depressive and anxiety symptoms, the level of global functioning, the family members' coping strategies and their of quality of life.
Results.– Patients receiving the experimental intervention will have a greater reduction of the severity of depressive symptoms in comparison to those receiving BTO.
Conclusions.– We anticipate that the experimental approach will help to improve the clinical, psychosocial and family management of PD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP0999

Comprehensive psychosocial rehabilitation program in the community: evaluation of the effectiveness

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Background and aims.– Today's global trend is the development of community-oriented psychiatry, using resources of public organizations. The regional charitable public organization (RCPO) "Family and Mental health" was established in 2002. Comprehensive long-term psychosocial rehabilitation program was implemented by this organization. The program includes psychoeducation, counseling, trainings, psychotherapy, family therapy, assistance in employment, leisure.
The purpose of the study is to evaluate the effectiveness of this program.
Methods.– Clinical, psychometric, molecular-genetic (immune system genes and genes associated with social behavior, etc.), immunological and statistical methods. The main group included 50 patients with schizophrenia who took part in the program. The comparison group included 106 patients who had never been

involved in rehabilitation programs. Patients of the both groups were similar in their clinical and socio-demographic characteristics.
Results.– The results demonstrated the significant differences between the two groups of patients. The participation in rehabilitation program improved compliance of patients, identified higher level of motivation and social functioning. The adaptive behavioral coping strategies were developed in the process of social rehabilitation. Statistically reliable decrease of the number of hospitalization was demonstrated. The study of genetic and immunological factors' influence on the socio-psychological adaptation of patients is in progress.
Conclusions.– RCPO «Family and Mental Health» contributes to the personal and social recovery of the rehabilitation program participants. Public forms of patients with chronic mental disorders care should be considered as an important part of psychiatric care system.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1000

Resilience, coping and self-esteem in hospitalized psychiatric patients

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Background and aims.– Introduction: Resilience is a multidisciplinary research topic, described as a positive adaptation to adverse events or the ability to maintain/regain mental health after exposure to difficulties. Environmental, psychological, genetic, epigenetic and neuroendocrine issues may influence resilience. On the other hand, resilience may affect the psychophysical well-being of the individual and the outcome of patients suffering from psychiatric diseases, especially chronic and disabling ones.
Objectives.– to assess resilience, coping styles and self-esteem of patients admitted to our Psychiatry Ward. Moreover, to assess the relation among these three constructs.
Methods.– Methods: we started patients' recruitment since January 2018. All patients aged $\geq$ 18 years, admitted to the Psychiatry ward of the Maggiore della Carità University Hospital, were included in the study, except those (1) with cognitive impairment; (2) foreigners with a poor knowledge of italian language. Clinicians gathered clinical and anamnestic information about patients, who were tested with self-administered questionnaires: Resilience Scale for Adults (RSA), Brief Cope and Rosenberg Self-Esteem Scale (RSES).
Results.– Results: data collection is still ongoing; to date, we recruited 42 patients who fulfilled the above mentioned criteria. The sample currently consists in 27 females (64%), with a mean average age of 48 years; on average, patients were hospitalized for 15 days; the most common diagnosis at admission were psychoses, suicide attempt by poisoning, and neurotic or personality disorders.
Conclusions.– Conclusions: High resilience levels may positively influence outcome and treatment compliance. A more thorough understanding of patients' psychological resources can help clinicians personalizing their treatment plan.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1002

Attention deficits in adolescents after traumatic brain injury of mild severity

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Background and aims.– The effect of the traumatic brain injury of mild severity (mTBI) on the attention deficits affects the educational activities of adolescents in school.
To study of attention deficits in adolescents after mTBI in acute period (3–5 days after trauma).
Methods.– The study is based on the original set of techniques designed by A.R. Luria. We used the technique of «Schulte table» for the evaluation of 3 parameters: "average execution time", "average number of digits found in 10 seconds" and "execution profile".; 3 1 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 significant differences were obtained for all three parameters ($p < 0.05$).
By the parameter "average time of completion", 71.3% of patients exceeded the standard time of completion ($p = 0.001$).
"The average number of digits found in 10 seconds" by adolescents with BTWT was 4.6, while healthy adolescents were 5.3 ($p = 0.011$).
In 77.4% of subjects with TBI, the performance profile was with explicit fluctuations in attention. The representatives of the control group have mostly uniform profile ($p = 0.000$).
Conclusions.– Further study of the features of attention and its disorders after traumatic brain injury of mild severity in adolescents contributes to the creation of rehabilitation programs in order to improve the quality of life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Rehabilitation and Psychoeducation - Part II/Sleep Disorders & Stress

E-PP1003

Overcoming stroke-related disability through rehabilitation: the usefulness of neuropsysiological methods

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Background and aims.– Stroke leads to massive brain damage and dramatically affects the quality of life. Efficacy of behaviorally-oriented rehabilitation is limited. Neurophysiological methods can be utilized both for the goal of objectivization of the state (quantitative EEG, qEEG) and to enhance brain functional state (neurofeedback). To illustrate the effectiveness of these techniques in rehabilitation, we represent a case report.
Methods.– Patient A., 30 years old, was admitted for rehabilitation six month after hemorrhagic stroke due to rupture of an aneurism of anterior communicating artery. Before the injury he was a successful dentist, but after was unable to cope with any employment and showed no motivation for daily activity.
Results.– Neuropsychological assessment revealed regulatory apraxia, memory impairment, executive disfunction. QEEG showed decreased functional activity of anterior frontal areas, especially on the left side. Treatment was started with neurofeedback sessions in order to activate the frontal lobes and increase initiative. It allowed

further rehabilitation: transfer of care over daily life, including transportation on public transport and housekeeping, from relatives to patient with the use of cognitive and external compensatory strategies. At the end of the program, a plan for stepwise return to employment was developed in cooperation with the patient.
Conclusions.– This complex approach for rehabilitation resulted in dramatic change in patients behavior: he took an active position, started to manage his own life and returned to part-time work. Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1004

Intra-individual effect of community-based mental health rehabilitation services for schizophrenia: findings from a retrospective cohort study

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Background and aims.– Deliberative efforts are constantly made to provide community-based mental health rehabilitation services to people with mental health disabilities nationwide. In this study we aimed to assess the effectiveness of rehabilitation services in Israel by assessing the impact of utilization of rehabilitation services on hospitalization rates among a cohort of patients diagnosed with schizophrenia.
Methods.– Data derived from the Clalit Health Services were crossed with the Ministry of Health rehabilitation and psychiatric hospitalization case registries. Patients utilizing rehabilitation services were assessed for rates and durations of hospitalizations before and after the utilization of the rehabilitation services, and were compared to patients who did not use these services ($n = 185$). Mixed-model analyses of covariance (ANCOVA) were conducted to assess changes in rates and durations of hospitalizations at the beginning and end of the cohort period.
Results.– Patients who used rehabilitation services showed higher rates and durations of hospitalizations prior to utilization of rehabilitation services, as well as higher decreases in number and duration of hospitalizations after utilizing their rights to rehabilitation services, as compared to patients who did not receive these services.
Conclusions.– Schizophrenia patients tend to show a decreasing trend in number and duration of hospitalizations over time. Yet the utilization of rehabilitation services offers larger gains in hospitalization prevention, primarily to schizophrenia patients who experience high rates and durations of hospitalizations at the beginning of illness. These findings provide additional support for the necessity of rehabilitation services, primarily for patients with severe onset.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1005

Self-rating of psychological capacities/soft skills and impairment according to the ICF in psychosomatic patients, as compared to the general population

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Background and aims.– Chronic illness does not only result in reduced well being but also in an impaired capacity to cope with daily life, which again results in participation limitations. The Mini-ICF-APP-S is a newly developed self rating instrument for the assessment of capacity limitations or impairment of psychological capacities or soft skills in the context of mental disorders.
Methods.– A convenience sample of inpatients of a psychiatric-psychosomatic department ($N = 1143$) and unselected persons in a public train ($N = 102$) filled in the Mini-ICF-APP-S.
Results.– About 90% of the persons on the train rated their soft skill capacities positive, with lowest ratings in respect to endurance and self care. Patients with affectiv disorders rated their capacities as insuffienct in about 30%. This was especially true for flexibility, proactivity, endurance, assertivenes, social competence and self care. There were significant differences between persons on work or sick leave, elderly and younger, males and females and different diagnostic groups.
Conclusions.– Capacity limitations are an important feature of mental disorders. They are as burdensome and important for the affected person as illness symptoms. They should get proper attention by therapists.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1006

Early rahabilitative intervention for autism spectrum disorder children: a two years longitudinal study

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Background and aims.– Autism Spectrum Disorder (ASD) includes a group of developmental disabilities characterized by patterns of delay and deviance in the development of social, communicative, cognitive skills and the presence of repetitive and stereotyped behaviors as well as restricted interests.
Methods.– Autism spectrum disorder children were recruited at the "Il Cireneo" Foundation for autism in Vasto, Italy. Fifteen patients (two females [13,3%] and thirteen males [86,7%], mean age = 39,533 months; SD = 6,8543) underwent a personalized rehabilitation program based on behavior therapy, neuro-psycho-motricity and speech therapy as international guidelines suggest, for two years. At the time of the enrollment, each child was younger than 48 months of age. Children were tested before the treatment and after two years of the rehabilitative intervention. The Childhood Autism Rating Scale, the PsychoEducational Profile Third Edition (PEP-3) and the Vineland Adaptative Behavior Scale (VABS) were used for the clinical assessment before and after the rehabilitation treatment. The Statistical Package for Social Sciences (SPSS, version 13) program was used for the statistical analysis. The paired-samples t-test was used to highlight the differences between the pre and post-treatment phases.
Results.– See Table 1 for Results

Table 1. Paired-samples *t*-test

	Pre-treatment (T0)		Post-treatment (T1)		T-Student	p
	M	SD	M	SD		
CARS	44,400	4,0717	43,867	4,4056	2,086	.056
Communication (VABS)	71,80	36,714	89,733	47,3142	-3,646	.003
Daily Living Skills (VABS)	71,13	33,647	79,333	34,3941	-4,221	.001
Socialisation (VABS)	56,60	23,763	69,133	28,2005	-4,027	.001
Motor Skills (VABS)	88,67	22,022	93,867	21,0097	-4,037	.001
Communication (PEP-3)	26,600	6,6419	31,667	8,8452	-3,145	.007
Motor Skills (PEP-3)	26,933	8,5646	29,400	9,1324	-1,922	.075
Maladaptive Behaviors (PEP-3)	35,000	7,9732	39,600	11,6913	-2,232	.042

Notes: M=Mean; SD= Standard Deviation

Conclusions.– To date, there is no evidence to support adopting a single autism treatment program as the gold standard. Finally, the authors want to highlight the importance to use a personalized approach, involving also the parents, tailored to deficits and strengths of each autism spectrum disorder individual to determine the best possible improvement in the adaptive functioning.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1008

How to reduce the mortality gap in patients with severe mental disorders? A study protocol for testing the efficacy of a new psychoeducational intervention

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Background and aims.–
Background.– Patients with severe mental disorders (SMD) die on average 20 years earlier than the general population. This mortality gap is mainly due to the higher prevalence of physical diseases and unhealthy lifestyle behaviors, such as smoking, sedentary behavior and unhealthy lifestyle pattern. Therefore, there is the need to develop psychoeducational intervention for improving lifestyle behaviours.
Aims.– To evaluate the efficacy of a new psychosocial, manualised group intervention compared to a brief psychoeducational group intervention in a community sample of obese or overweight patients with SMD.
Methods.– This trial is a multicentric, randomized, controlled and blind trial carried out in six Italian Universities and funded by the Italian Ministry of Health. All patients are assessed six times: at baseline; 2 months post-randomization; 4 months post-randomization; 6 months post-randomization; 12 months post-randomization; and 24 months post-randomization. The primary outcome is the change of BMI.
Results.– The hypothesis is that the LIFESTYLE intervention will be more effective than the psychoeducational group intervention in reducing the BMI. We expect a mean difference between the two groups of at least one point at BMI. Secondary outcomes are: improvements in eating, smoking and sleeping habits; increased physical activity; improvement of personal and social functioning; reduced severity of physical comorbidities; better adherence to medications. The expected sample size consists of 420 patients, which will be allocated with a 1:1 ratio randomization between the two groups.
Conclusions.– We expect that LIFESTYLE intervention will help to provide a new instrument for improving healthy behaviours in patients with SMD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1009

Impact of the experience of staying in social care institutions on coping behavior of adolescents with emotional deprivation

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Background and aims.– The need to develop targeted psycho-social rehabilitation programs for adolescents left without parental care grounds problem solving skills study. They could be conceived as an important resource adolescents left without supportive parent rely on, determining further social adaptation. Objectives: To study differences between adolescents in family and institutional care in coping skills, defense mechanisms and self-esteem.
Methods.– 40 adolescents formed 4 groups: (1) raised in orphanage, (2) in centre for foster care, (3) in kinship care, (4) controls. Methods: Life Style Index, COPE questionnaire, self-assessment of self-esteem (Dembo-Rubinstein method), projective drawings. Quantitative and qualitative analyses of data were employed.
Results.– Significant differences were found between adolescents raised in family and institutional care in level of mature defense mechanisms and in prevalence of particular defense mechanisms and coping strategies, with avoidant coping strategies, defense mechanism of denial and low reflexivity dominating in later groups. Overall self-esteem ratings were higher in family care. Adolescents in institutional care tend to use more social and instrumental support while controls rely on internal resources. The group of adolescents in kinship care also showed differences from controls: they tend to have a higher tension of defense mechanisms, but also higher (unrealistic) self-esteem and wider repertory of defense mechanisms used.
Conclusions.– Results suggest that current strategies of social support in Russia could contribute to the poor reflexivity, primitive coping strategies and an excessive reliance on adults in the expense of inner resources in institutional care and a lack of elaboration of traumatic experiences in kinship care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1010

Outdoor therapeutic environment in a psychiatric hospital

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Background and aims.– Modern psychiatric treatment is no longer limited to mere reduction of symptoms and psychological suffering, but is oriented towards achieving a balance of mind and body by reaffirmation of those potentials of the personality which facilitate a high quality and speedy rehabilitation and resocialization and to increase coping mechanisms for patients. This is achieved by a

holistic and personalized approach, life coaching, social skills training and other activities. The concept of treatment which combines new and innovative models of treatment with the classic approach with psychopharmacs and psychotherapy is the most appreciated and recognized. The natural resources provide a key for rehabilitation and mind-body balance, over bridging anxiety, depression, and many neurological disorders by exposure to the nonverbal and preverbal archetypal and multisensory stimuli. To be in an institution but not institutionalized is a challenge in the field of psychiatry and cognitive neuroscience where even more severe disorders, those that require hospitalization, can be treated by maximal utilization of outdoor resources and facilitation of the physical and mental return to nature and experience of harmony. Rab Psychiatric Hospital is the first mental health institution in Croatia to introduce therapeutic gardens as a complement to traditional therapies. The gardens serve for physical therapy, animal-assisted therapy, horticultural therapy, as well as for socialization or a place for retreat in solitude. The author will present a five-year project of creation of therapeutic gardens as a result of interdisciplinary collaboration of University of Washington (USA), local community and Rab Psychiatric Hospital.
Methods.– N/A
Results.– N/A
Conclusions.– N/A
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1011

Effect of complex rehabilitation method on psycho-emotional state of patients with a history of cerebral stroke

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Background and aims.– Frequent sequelae of cerebral stroke (CS) are emotional disorders.
The purpose of this study is restoration of emotional state in patients after CS.
Methods.– The study was conducted in the first rehabilitation period using Hospital anxiety and depression scales.
56 patients with CS were allocated into two comparison groups matched by gender and age and examined.
Control Group I — 22 patients received common rehabilitation treatment.
Clinical Group II — 34 patients received proposed plan of rehabilitation treatment, which included art therapy, mirror visual feedback (MVF) therapy, sessions of exposure to polarised polychromatic light of the eyes region.
Results.– Decreasing in anxiety level score was more evident in Group II after MR course. All the changes were statistically significant. Before MR course, normal anxiety level was recorded in 50.0% of patients in both groups. Upon completion of the MR course, normal anxiety level was observed in 72.7% (I) and 82.1% (II) of patients, and subclinical and clinical anxiety level were observed in 18.2% (I) and 9.1% (II) of patients, respectively. Comparison of Group I and Group II results of depressive reaction showed also statistically significant improvement in Group II patients, which is suggestive of more effective use of the proposed method compared to conventional methods used for correction of depressive reaction level in patients with a history of stroke.
Conclusions.– Complex use of such rehabilitation methods as art therapy, MVF, and polarised polychromatic light are especially promising to increase effectiveness of MR in patients after CS since they have positive influence on psycho-emotional state of patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1012

Mental activity in children after severe brain injury at an early stage of rehabilitation

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Background and aims.– Recovery of mental activity in children after severe traumatic brain damages (STBI) has its own characteristics. The study of disorders will allow the use of a differentiated approach to the recovery treatment.
Objective.– To whom it may concern: study the variants of mental activity in children after STBI.
Methods.– 210 children (2.5–18, mean age 10 + 2) with STBI, hypoxia, hydrocephalia. All children had interdisciplinary approach and standard medications in early rehabilitation. Educational and psychopathological methods were used with scales: Rancho Los Amigos Scale (Hagen C., Malkmus D., 1989), Coma Recovery Scale-Revised (Giacino J.T., Kalmar K., 2004), Scale mental recovery by Dobrokhotova T. (1985), Method of studying mental activity by A.V. Zakrepina (MSMA, 2015).
Results.– 3 groups of children with variants of mental activity depending on the degree of disorders: (1) with high values of mental activity (37, 18%): physical activity, understanding and implementation of simple instructions, emotional responses. The clinical status was: minimal consciousness (MC)"+". (2) with medium values of mental activity (67, 32%): sensomotor actions not related to instructions, low and rare emotional reactions. In clinical: MC "-", more towards "+". (3) with low values of mental activity (106, 50%): physical, cognitive and sensory actions are limited. In clinical: MC "-".
Conclusions.– Evaluation of mental activity with an interdisciplinary approach will allow to differentiate the tasks of rehabilitation of children after severe traumatic brain damages. Understanding the variability of mental activity will increase the effectiveness of rehabilitation at early stage, reduce the risk of long-term post-traumatic consequences.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1013

Effect of chronotype on academical performance of medical students

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Background and aims.– Chronotype is under the control of the circadian clock and refers to sleep, wake and diurnal habits. School performance is influenced by many factors as well as executive functions and sleep-wake habits. In our study, we investigated the

relationship between chronotype, executive functions and school performance of medical students.
Methods.– One hundred eighty-four students from Istanbul Bezmialem Vakif University School of Medicine 4th, 5th and 6th years were evaluated through the use of The Morningness Eveningness Questionnaire (MEQ) and the Stroop Test. To measure the academic performance GPA scores was provided from school authorities.
Results.– In our sample, there are no significance according to gender (93 Female/91 Male) within GPA scores ($p = 0.262$). The GPA scores were significantly lower in the evening chronotype than in the morning ($p = 0.013$) and intermediate chronotypes ($p = 0.009$). The Stroop test scores did not differ significantly between chronotypes. In the regression analysis, GPA score was only related to age ($p = 0.001$) and MEQ total score ($p = 0.48$). Pearson correlations were calculated, MEQ total score is positively correlated (p:0.004) with GPA, but The Stroop Reading Speed Factor ($p = 0.612$), Color-Naming Factor ($p = 0.326$) and Interference Factor ($p = 0.405$) have no significant correlations with GPA.
Conclusions.– Our results suggested that the academic performance being affected closely by chronotypes more than gender and executive functions. Future studies need to make this relationship between sleep-wake habit and academic achievement clear.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1014

Prevalence of poor sleep quality in a sample of the Portuguese population

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Background and aims.– Sleep has shown to have a significant impact on the somatic and psychological systems contributing to several common problems in the modern society. This study aims to analyze the prevalence of poor sleep quality in an online sample of the Portuguese population.
Methods.– 739 subjects, between the ages of 19 and 98 years, were assessed through a sociodemographic questionnaire and the Pittsburgh Sleep Quality Index (PSQI) in an internet survey. Cutoff points were calculated based on the distribution of continuous values (median value) to study the prevalence of poor sleep quality.
Results.– Differences in sleep quality were found on sex and marital status. Female and the ones with a partner presented higher levels of poor sleep quality. Statistically significant correlations were found between PSQI and working hours, with subjects that work on shifts having a higher poor quality of sleep.
Conclusions.– The results showed that women, subjects with a partner, and the ones who work on shifts have a higher prevalence of poor sleep quality. Results have repercussions for future research and treatment of poor sleep quality.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1015

Sleep disturbances and cognitive impairment in alcohol addicted women in Southern Bulgaria

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Background and aims.– Sleep and cognitive problems in patients suffering from alcohol dependence are usual, but until now no systematic examination of the aforementioned problems with Lesch alcoholism typology has been made. The aim of this study is to determine associations between the Lesch typology, sleep disturbances and self-reported cognitive impairment in a sample of alcohol dependent women in Southern Bulgaria.
Methods.– We examined a total of fifty-three women from the Municipal Council on Drug Addiction in Blagoevgrad. All participants had a diagnosis of alcohol dependence ($M_{age} = 43.84$, $SD_{age} = 9.48$; $M_{years\ of\ education} = 15.11$, $SD_{years\ of\ education} = 3.21$; $M_{years\ of\ addiction}$ 12, $SD_{years\ of\ addiction} = 3.56$) and were assessed with the Bulgarian version of the Lesch Alcoholism Typology – Questionnaire (LAT).
Results.– Results indicated that there is no statistically strong relationship between the Lesch type (four types), cognitive impairment as measured by self-reports (none, slight and severe), and sleep problems (none, difficulties falling asleep and interrupted sleep).
Conclusions.– According to the above results, women with alcohol dependence of a specific Lesch type do not report more cognitive problems, neither sleep problems which according to the scientific literature may indicate brain dysfunction. The implications of our findings include the need for more integrated approaches to sleep problem assessment as well as a more detailed cognitive examination in this specific population in order to unravel the links with other relevant variables.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1016

Impact of sleep disorders and other factors on the quality of life in general population: a cross-sectional study

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Background and aims.– Sleep disorders, particularly insomnia, are currently recognized as a major public health concern with a devastating impact on the quality of life of patients (QOL). The aim of our study was to assess if insomnia, along with other factors, can impact the physical and mental QOL of the general population.
Methods.– A cross-sectional study was carried out between August 2017 and April 2018, using a questionnaire and all participants signed a written informed consent. Different validated scales were used to explore psychological factors (physical and mental distress, anxiety, depression), insomnia, and the QOL of patients (SF-12-PCS for the physical component and SF-12-MCS for the mental component).
Results.– A total of 756 individuals were included (65% females). A first linear regression, using the physical QOL as the dependent variable, showed that having a family insomnia problems was significantly associated with an increase in the SF-12-PCS score (Beta = 1.037; $p = 0.041$), whereas increased stress (Beta = −0.056; $p = 0.031$) and increased insomnia severity (Beta = −0.135; $p = 0.016$) were significantly associated with a decrease in that score. A second linear regression, using the SF-12-MCS score as dependent variable, showed that having a psychiatric disease was associated with an increase in the SF-12-MCS score (Beta = 1.951; $p = 0.041$). Ageing and having a chronic pain was significantly associated with a decrease in that score (Beta = −0.048; $p < 0.001$ and Beta = −1.344; $p = 0.028$ respectively).

Conclusions.– This study adds to the evidence that insomnia, along with other factors can have a detrimental impact on the QOL and highlights the importance of managing all contributing/associated factors with insomnia for a personalized treatment of patients with sleep disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1017

Correlation between parameters of emotional regulation and daytime sleepiness in university students

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Background and aims.– Despite extensive research, the exact relationship between sleep and emotional regulation remains unclear. It is unknown if daytime sleepiness is in any way related to processes involved in monitoring, evaluating, and modifying emotional reactions. In this work, we aimed to test the existence and strength of correlation between determinants of emotional regulation such as expressive suppression and cognitive reappraisal, and daytime sleepiness in healthy young adults.
Methods.– An observational, cross-sectional study was performed on a sample of 344 participants, students from the University of Belgrade, Serbia (average age 22.1 ± 4.8 years). Expressive suppression and cognitive reappraisal were evaluated using Emotion Regulation Questionnaire (ERQ). Daytime sleepiness was assessed using Epworth Sleepiness Scale (ESS). Other sleep-related data, such as total 24 h sleep time, were also obtained.
Results.– The results indicate that there is a statistically significant positive correlation between cognitive reappraisal score and ESS score ($p < 0.05$). No such correlation was observed between ESS score and expressive suppression ($p > 0.05$). Total 24 h sleep time was not significantly associated with either expressive suppression, or cognitive reappraisal.
Conclusions.– Cognitive reappraisal is significantly related to daytime sleepiness in university students. To our knowledge, this is the first study to investigate the relationship between daytime sleepiness and indicators of emotional regulation in a population of university students. The results represent a basis for further research in the areas of sleep and emotion psychology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1018

Disorders of cicardian rhytms in children with autism spectrum disorders

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Background and aims.– The main goal of the project is to examine sleep disorders in children and adolescents in the autism spectrum, and the possible connections of these disorders with sensory, anxiety and depression disorders. Circadian rhythm sleep disorders (CRSD) are known to affect a great number of ASD patients, however previous research has not responded to how much this is due to family factors, and if there is a comorbidity with mood and sensory disorders.
Methods.– 100 ASD children recruited from the Children's Hospital held by the Warsaw Medical University, and 100 children recruited from local schools. Both groups will be tested alongside their healthy siblings. All children have to be between 8 and 18 years of age, have an IQ of 70 and above, and have not been diagnosed for other psychiatric or neurological disorders. Participants must have basic communication skills.
First, all children will be tested against ASD using the newest version of ADOS 2. Then, children will be tested against mood and sensory disorders that are known to affect sleep. All children will have to fill sleep diaries according to the instructions, and a new device measuring cicardian rhythms will be given in order to test children's sleep movements.
Results.– There will be a significant difference between sleep of children with ASD and their siblings compared to healthy subjects and their siblings.
Conclusions.– Verifying the existing research hypotheses will allow a better understanding of the nature of sleep disorders and will explain the causes of circadian rhythm disorders in people with ASD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1019

Music and sleep: improving mental health

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Background and aims.– High quality sleep is fundamental to quality of life and wellbeing. Sleep disorders are correlated with a higher risk of mental health problems. Moreover, sleeping difficulties often persist after successful psychiatric treatment. Current treatment strategies in clinical and non-clinical practices, tend to focus on pharmaceutical medication only. However, the European guideline for the diagnosis and treatment of insomnia clearly recommends non-pharmacological approaches such as cognitive behavioural therapy. The basic idea is to activate patients internal resources for self-regulation. Music can be seen as one such internal resource which for long has been ascribed cognitive and affective value to improve mental health. The aim of the communication is to highlight the potential benefits of music listening in the treatment of insomnia.
Methods.– A summary of basic research concerning correlation between chronobiology, sleep and music, is given from a psychiatric perspective. Recent music psychology research suggests a range of mechanisms which potentially enhance psychological wellbeing and self-regulation, which could address some of the symptoms characterizing sleep disorders. These mechanisms can provide an explanation for the positive effect of music as sleep aid as documented by an increasing number of studies.
Results.– We present theoretical and empirical approaches to music and sleep which include a critical review of clinical research in the field emphasising psychiatric populations. Finally, implications for implementation of music in clinical psychiatry including musical, and ethical perspectives are discussed.
Conclusions.– Conclusions on chronobiological perspectives, theoretical and clinical research findings in music medicine and perspectives for clinical implications in psychiatry.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Research Methodology - Part II

E-PP1021

Distribution of circulating micro RNAs among extracellular blood compartments in patients with major depressive disorder compared to controls

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Background and aims.–
Introduction.– Previous investigations showed that micro RNAs (miR) are potential biomarkers in Major Depression Disorder (MDD). There is a high degree of heterogeneity in the literature regarding distribution in different blood compartments, suggesting that are differentially expressed in patients with MDD compared to healthy controls.
Objectives.– To investigate miR-26a and miR-494 in extracellular blood compartments of MDD patients before treatment and after 12 weeks of treatment, compared to healthy controls.
Methods.– We assessed the relative abundance of miR-26a and miR-494 in total plasma (TP), exosomes from plasma, and exosome depleted plasma (EDP) in 11 healthy controls compared to 11 MDD patients before, and after 12 weeks of antidepressant monopharmacy with escitalopram. A structured diagnostic interview and Hamilton depression rating scale (HAM-D-17) were done. Blood samples were collected on EDTA anticoagulant. Total RNA was extracted from extracellular blood compartments and miR expression was determined by real time PCR. To compare among groups was used the *t* test, and to calculate the relative expression of miRs the elta-delta Ct method was used.
Results.– We found miR-26a to be statistically significantly downregulated in TP of MDD patients compared to controls ($P < 0.05$); also the same changes in EDP, but not in exosomes. MiR-494 was upregulated in the EDP fraction from patients with MDD after the treatment compared to controls.
Conclusions.– In this pilot study were found significant differences in expression of miR-26a and miR-494 among different blood compartments in MDD patients compared to controls. Further studies are needed for definitive conclusions of these results.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1022

A systematized comparison of validation methods of psychiatric diagnoses in registers

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Background and aims.– Register based studies have been widely used to illuminate eg. the prevalence, incidence and outcome of psychiatric disorders. To draw conclusions from register studies, it is crucial to have knowledge of the validity of diagnoses. Validation of diagnoses has been done in different ways in registers. These non-homogeneous assessments lead to a difference in biases which complicates a comparison.
Aims.– To develop a model for systematic scoring and comparing of methods of validation of psychiatric register diagnoses.
Methods.– This is a literature study. A series of variables will be identified from the literature, and a scoring system will be defined. The variables will include eg. biases, blinding and confounding. A systematized literature search will be conducted to identify studies validating register diagnoses. The validation methods of these studies will be scored by three raters on the series of variables identified. A portion of the studies will be scored by external raters and a kappa will be calculated both between the three internal raters and between the internal and external raters. This will be done to validate the scoring tool.
Results.– The results are under conduction.
Conclusions.– We expect to identify validation methods to be preferred compared to others and thereby provide future researchers with a tool to assess validation methods.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1023

Syndromic approach to astimate effects after traumatic brain injury of mild severity in adolescents

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Background and aims.– The effect of the traumatic brain injury of mild severity (mTBI) on the cognitive functions affects the educational activities of adolescents in school and the quality of life in general.
To study the violations and to trace the dynamics of recovery higher mental functions (HMF) after mTBI in adolescents with neuropsychological syndrome in the range of up to one year.
Methods.– The study is based on the original set of techniques designed by A.R. Luria. We focused on assessing the status of various components of the HMF. We also studied of the mental activity in its regulatory and dynamic aspects.
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 violations of HMF in the acute period were represented by three types of syndromes. The leading place in each syndrome is occupied by deficiency symptoms of non-specific brain structures. Research of dynamics of recovery HMF demonstrated the symptoms related to deficiency of parietal-temporal-occipital area are reducing for the first month, as well as the symptoms of the anterior brain. After six months we observed the decrease all symptoms from cortical structures, but the symptoms persist in the form of fatigue, reduction the rate of mental activity, difficulty in concentration.
Conclusions.– Application of neuropsychological approach to the diagnosis and recovery of deficit cognitive function allows to describe the symptoms and to identify their hierarchy in the structure of violations.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1024

How do we individualize psychiatric care? Understanding the personal experience of mental illness - a call for qualitative research

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Background and aims.– Medical research is historically rooted in quantitative methodological design, essentially testing an existing research question. Quantitative research aims to include large sample sizes. The validity and applicability of the results are dependent upon statistically supported measurable outcomes, to the detriment of deeper and richer meanings and interpretations of the data.
Psychiatry is both science and art. Each individual experience of a mental illness or psychiatric symptom has a subjective interpretation. Culture, religion, language and ethnicity play important roles in this experience and recovery for a patient.
This presentation aims to advocate for qualitative research design, for investigators to focus on smaller sample sizes and gain deeper, richer and personalized accounts of symptoms and distress.
Methods.– To present the basic outline of qualitative methodological design and motivate for its value in psychiatric research.

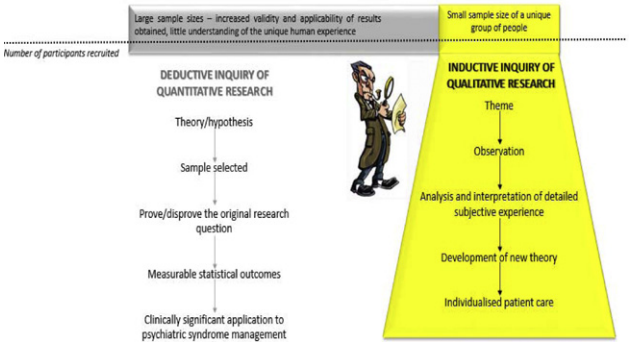


Figure 1. Qualitative research.

Results.– By focusing on the value of qualitative research, unique people groups will be provided with a voice and treatment modalities may be created to reach those whose experience of living with a psychiatric illness cannot be "boxed" into the Westernized understanding of mental disorders (Fig. 1).
Conclusions.– The practice of psychiatry is both science and art. Human beings are complex and cannot always be reduced to graphs and tables. Qualitative research can assist in painting a pallet of the diverse human experience of psychiatric syndromes and ultimately assist clinicians to improve individualized patient care.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1025

comparison of wrist tapping parameters in adults with and without anxiety using a original methodology

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Background and aims.– Tapping is a psychomotor test that can be used to assess the psychophysiological brain functions, in particular, the time perception.
Objectives of the present study is to explore the effect of anxiety on the parameters of wrist tapping in healthy adults.
Methods.– We examined 60 healthy adults without neurological and endocrinological pathology. The sample was divided into 2 groups: 1-st group included 33 healthy adults without anxiety and depression symptoms according to the test results; 2-nd group included 27 healthy adults with subclinically expressed anxiety according to the test results. The test was conducted using hospital anxiety and depression scale HADS. Parameters of wrist tapping were studied using a modified original technique "Method of exogenous rhythmic stimulation influence on an individual human rhythm" (Fig. 1). Reference corridors of the wrist tapping characteristics were also studied.
Results.– We found statistically significant effect of anxiety on both quantitative and qualitative indicators of individual rhythm in healthy study participants (Table 1). Thus, with the subsequent use of the reference corridors of the wrist tapping characteristics, we can ignore gender differences in the group of adult volunteers. Also, it is necessary to take into account the effect of the anxiety presence at the time of the study, since anxiety affects the quantitative and qualitative parameters of wrist tapping (individual rhythm and rhythm stability).
Conclusions.– The obtained parameters of wrist tapping methodology can be used in the future for the diagnosis and neurorehabilitation in adult patients with various psychoneurological disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1026

Multivariate association between bipolar spectrum, schizotypy and chronotype revealed with the use of cluster analysis

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Background and aims.– Cluster analysis is a useful tool for identifying specific subgroups of a given disorder or subclinical states such as schizotypy and bipolar spectrum. This allows us to better understand the studied phenomenon and determine the phenotypes in which the studied characteristics are arranged. In this study, we focus on the above spectra in the context of the chronotype. We aim to evaluate the association between bipolar and schizotypy spectrum symptoms and circadian preferences with the use of the cluster analysis.
Methods.– The study was based on an online survey. As a part of the study, 1449 participants were recruited with an age span 18–35 years old. All participants completed self-report questionnaires: the Composite Scale of Morningness (CSM), the Mood Disorder Questionnaire (MDQ), the Hypomania Checklist (HCL-32), the Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE), the Munich ChronoType Questionnaire (MCTQ), the Sleep Wake Pattern Assessment Questionnaire (SWPAQ), the Temperament Evaluation of Memphis, Pisa, Paris and San Diego-autoquestionnaire version (TEMPS-A). Statistical analysis was performed using cluster analysis.

Results.– Clusters analysis identified 4 subgroups. The cluster 4 differs significantly from the other three, showing significantly higher values of morningnessand vigor. Cluster 4 has also significantly lower scores on the MDQ scale and in the TEMPS-A and O-LIFE subscales. These differences are most marked in comparison with cluster 1, which significantly deviates from the CSM scale towards eveningness.
Conclusions.– To our knowledge, it is the first time cluster analysis was used to assess the coexistence of bipolar and schizotypy spectrum and circadian preferences.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1028

Text mining unstructured clinical data routinely collected from a cohort of patients with serious mental disorder in South London

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Background and aims.– Using routinely collected data, including unstructured data in the form of clinical notes, in research can save additional burden on patients and researchers' time and resources, by making use of already available data and avoiding primary data collection. We aimed to explore the use of text-mining, specifically using document term matrixes and word clouds, to identify words commonly reported in patients' risk assessments, completed in their clinical notes by mental health professionals. We compared word frequencies across patients who died at home and in hospital.
Methods.– We used a linked dataset comprising mortality and clinical data from a cohort of deceased patients (between 2007–2015) from South London with serious mental disorder. The text mining package in R was used to construct document term matrixes, which quantify the frequency of commonly-appearing words in free-text data. Word-clouds visualise the most commonly occurring words, from patients' clinical notes.
Results.– Linked mortality and risk assessment data were available for $N = 576$ patients, of these, 192 died at home and 264 died in hospital. Document term matrixes and word clouds show that the most commonly occurring words were generally the same for patients who died at home and at hospital; "medication", "alcohol" and "(non-) compliance".
Conclusions.– Using text-mining techniques, we were able to illustrate common words recorded in the clinical notes of patients who died. These techniques allow researchers to quantify and analyse unstructured data extracted from patients' clinical records, demonstrating a novel approach to using routine data to conduct research.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part I

E-PP1030

Epidemiological aspects of medical care administration for patients with schizophrenia spectrum disorders during first five years of onset of disease in Saint-Petersburg (Russia)

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Background and aims.– We studied socio-demographic profile and pharmacoeconomic evaluation of psychopharmacologic treatments for patients with Schizophrenia Spectrum Disorders within first five years after onset of disease.
Methods.– 1520 patients were used in the analyses: 54,8% – men, 45,2% - women (mean age – $33,7 \pm 10,1$ years).
Results.– The most frequently recorded of mental disorders was schizophrenia (80,6%), in which paranoid schizophrenia (71,5%) and simple schizophrenia (6,1%) were the most commonly diagnosed form of the disorder. Schizotypal disorder was diagnosed in 8,4% of cases, schizoaffective disorder - in 7,7%; other disorders of the schizophrenia spectrum were less frequent (0,1–2,1%). Within the last year before the survey, the average number of hospitalizations was $0,52 \pm 1,06$, the average length of hospital treatment was $30,6 \pm 54,1$ days. The study found that 34,1% of patients were employed or getting education. 28,9% of patients were disabled and 33,8% were unemployed. The number of patients who were not (and had never been) married at the moment of examination was 70,7%, 13,1% of patients lived alone, and 66,4% - with parents. 85,3% of patients had antipsychotic pharmacotherapy, of which 61,5% received just one antipsychotic drug, while 38,5% took two or more antipsychotics (polypharmacy). Risperidone (21,9%) was the most frequently prescribed drug, followed by haloperidol (18,4%) and olanzapine (16,2%). Additionally, antipsychotic drugs, such as quetiapine (10.9%), paliperidone (10,7%), clozapine (8,9%), chlorprothixene (8,3%) and zuclopenthixol (7,4%) were also often prescribed.
Conclusions.– The obtained data will serve as a basis for the development of treatment and rehabilitation programs for patients with schizophrenic spectrum disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1031

Estimation of influence environmental pathoplastic factors on the clinical manifestations of schizophrenia

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Background and aims.– The representative sample includes 100 patients with paranoid schizophrenia (age 18-50 years, total score on the PANSS scale < 120, duration of mental disorders >5 years).

Methods.– Clinical and socio-demographic characteristics of the patients have been analyzed, and the results were obtained for the following scales: PANSS, BACS, WHOQOL, PSP, the "Compliance Level" questionnaire, SOMO (Subjective Assessment of Interpersonal Relations) test, "Emotional Intelligence" test and "Dembo-Rubinstein Self-Evaluation Test". Characteristics of patient's nearest social environment (main caregivers) were assessed by the FACES-3 and LSI scale.
Results.– Statistical analysis methods allowed to obtain a countable indicator reflecting an integral index of patients' quality of life and social functioning, which was called "The Disease Burden Factor" (factor "B"). Factors obtained from the representative sample based on the FACES-3 and LSI scales found weak correlations with factor "B". Based on Bayes' Theorem, significant links were established between the PANSS indicators (positive and negative symptoms, other symptoms), BACS (motor skills, verbal fluency, coding), the duration of the disease since its manifestation, and the indicator of factor "B".
Conclusions.– Received data indicates the leading role of the specific symptoms, as well as impairment of communication functions, planning skills, speed of thinking and motor skills in lowering the level of social functioning and quality of life of the patients. The constructed model did not confirm the influence of the nearest social environment indicators of patients on factor "B". In the current interpretation, factor "B" reflects the biological determinant of social functioning and the quality of life of the patient.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1032

Dopamine supersensitivity psychosis – criteria, prevention and treatment

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Background and aims.– Neuroleptics are the standard treatment for psychotic disorders. Despite their benefits, they also entail adverse events, namely dopamine supersensitivity psychosis (DSP). This clinical entity was first characterized by Chouinard and colleagues, in 1978 - in the era of first-generation antipsychotics (AP). With this review we aim to investigate the current concept of DSP.
Methods.– A literature review on Pubmed database was performed using the terms "dopamine supersensitivity psychosis." We selected the articles written in English, with free text available which fulfilled the objectives exposed above.
Results.– The core features of DSP are: the presence of withdrawal or rebound psychosis after cessation, reduction or change of AP (within six weeks for oral agents and three months for depot injectable); tolerance to neuroleptics' effect; and the presence or history of tardive dyskinesia. The proposed mechanism for DSP is upregulation and conversion to high affinity states of D2 receptors, after long-term AP treatment. To prevent DSP, clinicians should prefer AP with longer half-life and smaller peak-to-trough fluctuations and avoid high doses and high-potency AP, and monitor the appearance of extra-pyramidal signs. Once DSP is established, treatment may be: add anticonvulsants; electroconvulsive therapy; switch to clozapine, aripiprazol (with very slow titration) or to long acting injectable risperidone. This is particularly important because increasingly literature supports that DSP may be involved in the progression to treatment-resistant schizophrenia.
Conclusions.– DSP is both an old and new concept in psychiatry, still controversial. More basic and clinical research will be fundamental to better characterized DSP and its role in psychotic disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1033

Non-pharmacological interventions for the management of delusional disorder: a systematic and narrative review

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Background and aims.– Delusional disorder has been traditionally considered a treatment resistant-disorder, and antipsychotics the treatment of choice. However, level of evidence for the pharmacological treatment of delusional disorder is low, and psychological interventions have shown high level of evidence as coadjuvants to antipsychotics.
The main aim of this systematic review was to evaluate the effectiveness of coadjuvant non-pharmacological interventions for the treatment of patients with delusional disorder.
Methods.– A systematic computerized literature search was performed in Pubmed and Scopus databases (1980–September 2018), according to the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The following search terms were used: (treat* OR therap* OR cogn* OR psychol*) and "delusional disorder". Studies were only included if they specifically reported findings for patients with delusional disorder.
Results.– A total of 2312 studies were identified: 1769 in Scopus and 543 in Pubmed, of which 5 met our inclusion criteria: Cognitive Behavioural Therapy (CBT) ($n = 1$), Cognitive Therapy (CT) ($n = 2$) and Assertive Community Treatment (ACT) ($n = 2$). In brief, CBT demonstrated a higher effect on affect to belief and strenght of conviction compared to attention placebo control. CT was associated with a marked reduction in belief conviction and improved adherence with medications. ACT did not improve clinical symptoms, but improved treatment adherence and functioning, in delusional disorder.
Conclusions.– CBT and CT may be the non-pharmacological interventions showing higher evidence in delusional disorder patients. High quality randomized trials on delusional disorder are still lacking.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1034

Are cardiovascular disease risk factors affected by antipsychotics in patients with schizophrenia? What qrisk-3 points?

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Background and aims.–
Introduction.– The prevalence of cardiovascular disease (CVD) is higher in patients with schizophrenia than in the general population. One of the explanations for increased cardiovascular events in schizophrenia is antipsychotics. Antipsychotics are known to increase metabolic syndrome risk, thereby increasing the risk of CVD.
Objectives.– The aim of this study was to evaluate CVD risk of patients and to investigate whether increase in cardiovascular risk

in schizophrenia differs according to treatment as oral/depot or typical/atypical antipsychotic forms.
Methods.– The data were from patients who were consecutively admitted to Community Mental Health Center of Selcuk University between January 2018 and July 2018 with the diagnosis of schizophrenia. CVR was calculated using QRISK-3 risk calculator.
Results.– A total of 67 (45 female, 19 male) schizophrenic patients were included in this retrospective study. All patients were on antipsychotic medication (aripiprazole long-acting, $n = 11$; haloperidol decanoate, $n = 12$; paliperidon palmitate, $n = 23$; clozapine, $n = 15$; other oral antipsychotics, $n = 6$). Qrisk-3 was found to be significantly different between paliperidon palmitate and aripiprazole long-acting treatment groups, higher in the paliperidon palmitate group (mean rank, 19.83 vs 12.64; $p = 0.048$, $z = -1.973$). Qrisk-3 was found to be significantly higher in haloperidol decanoate group compared with the aripiprazole long-acting group (mean rank, 15.17 vs 8.55; $p = 0.019$, $z = -2.343$). There were no significant QRisk-3 ratio differences between the clozapine and paliperidon palmitate group ($p > 0.05$).
Conclusions.– As a result, elevation in Qrisk-3 ratio varies due to antipsychotic medication. CVD risk should be considered in patients with schizophrenia. Qrisk-3 ratio may help while evaluating risk and prescibing antipsychotics.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1036

Ekbom syndrome: a case report

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Background and aims.– Ekbom syndrome is a rare psychiatric disorder also known as delusional parastosis or delusional infestation. The syndrome is characterised by the conviction of being infested by invisible mites or insects, despite clear evidence of the contrary. Traditionally, it is treated with antipsychotic Pimozide, however, due to its side effects atypical antipsychotics could be considered as alternative option.
Methods.– This is a case report of a typical example of primary delusional parastosis. The patient is a 69 year old woman, who have no previous psychiatric history and show a late onset of psychotic symptoms without signs of cognitive impairment. About one year ago she began feeling as if infested by worms and eggs after having contact with her friend who was infected with scabies. She believed that her house and her body were infested with parasites and spent most of day washing herself or cleaning house. Interestingly, there was also suspicion of her husband developing foil a deux and he was echoing the patient's behaviour and conviction of infection.
Results.– The difficulty was convincing the patient of the absence of parasites and obtaining her consent for treatment. Following liaison work with Dermatologist, the patient agreed to be treated with antipsychotics. Risperidone was administered. The initial dose was 2 mg per day then increased to 4 mg per day after 2 weeks. After about 6 weeks the patient showed improvement regarding her delusion.
Conclusions.– This case report shows the efficacy of Risperidone in primary delusional parastosis. In addition to drug therapy, establishing a therapeutic relationship was crucial.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1037

What is the minimally clinically important difference in negative symptoms of schizophrenia? PANSS based post hoc analyses of a phase III clinical trial

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Background and aims.– The Positive and Negative Syndrome Scale (PANSS) is the most widely-used standardized instrument for assessing symptom severity clinical trials of schizophrenia. Research established the minimally clinically important difference (MCID) for the total score of this scale, and results point to a ca. 15–16 point change from baseline as being clinically relevant (using CGI as anchor). To date, no research exists addressing the MCID in negative symptom patients. The aim of the present study was to establish the MCID on the PANSS-FSNS in schizophrenia patients with predominantly negative symptoms.
Methods.– Both, anchor-based and distribution-based methods were applied. Data from a large phase III trial, from 454 patients with predominantly negative symptoms was analyzed with 7 different methods of calculating the MCID.
Results.– Anchor based analyses estimated the cut-off value for differentiation between *no change* and *minimal clinical improvement* as 3 (ROC analysis), 3.8 (within patients score change) or 2.2 (between patients score change) points improvement on the PANSS-FSNS versus baseline. Distribution based analyses estimated a 0.9 (standard error of measurement), 5.0 (limits of agreement), 0.5 (Cohens' definition) or 1.5 (standardized response mean) point improvement as MCID.
Conclusions.– Depending on the underlying concept, different methods lead to different results for the MCID. Values range between 1 and 5 points change. Using the CGI as anchor, the results are in line with the total PANSS based calculations, where a 7.1–7.6% change (15–16/210 points) is clinically important, which corresponds to a 3.4-3.7/49 points change on the FSNS versus baseline.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1038

Functioning in schizophrenia from the perspective of psychiatrists: a six who regions study

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Background and aims.– Schizophrenia is a severe mental disorder associated with several functional impairments. The International Classification of Functioning, Disability and Health (ICF) Comprehensive Core Set for schizophrenia (CS-SZ) is a shortlist of ICF categories that are relevant for describing the functioning and disability of persons suffering from schizophrenia. Aim: To assess the common aspects and the differences regarding the relevance of the CS-SZ categories among psychiatrists experienced in schizophrenia treatment that belong to the six World Health Organization (WHO) regions (i.e. African, Americas, Eastern Mediterranean, European, South East Asia and Western Pacific).

Methods.– In a three-round survey using the Delphi technique, 352 psychiatrists from 63 countries representing all six WHO regions were asked about the problems they commonly encounter in patients with schizophrenia. Their responses were linked to ICF categories and those that reached consensus (≥75%) were selected. Confidence intervals (95% CI) were conducted to identify differences between experts from different WHO regions.
Results.– One-hundred sixty-six second and third-level ICF categories and 31 personal factors were selected. A large number of categories were common in all six WHO regions; however, significant differences were found in the relevance of ICF categories from the component *Activities and Participation, Environmental factors* and *Personal Factors*.
Conclusions.– These results suggest that although the ICF categories from the CS-SZ are all accepted by psychiatrists from the different six WHO regions for describing functioning and disability in individuals with schizophrenia, it is observed that the relevance of some categories are higher in some WHO regions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1039

Long-term outcome of patients at clinical high risk (CHR) for psychosis who do not transition to psychosis

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Background and aims.– We have reported on the late transitions to psychosis of patients at clinical high risk (CHR) (Beck et al., 2017). However, little is known about the long-term outcome of the approximately two thirds of CHR patients who do not develop psychosis (CHR-NT patients). We aimed to investigate the long-term clinical and functional outcome of CHR-NT patients.
Methods.– All CHR-NT patients of the Fepsy and Bruderholz study were contacted for long-term follow-up regarding remission from CHR (BPRS), axis I diagnoses (SKID-I for DSM-IV), functional outcome (Personal and Social Performance Scale), and full clinical and functional recovery. Baseline predictors included age, gender, positive and negative symptoms, psychosocial functioning and current cannabis use. Remission from CHR was defined as the absence of (subclinical) psychotic symptoms for at least 12 consecutive months.
Results.– Sixty of the CHR-NT patients were evaluated (follow-up duration 8.2 ± 4.4; 0.1–16.6 years). Nine of them (15%) continued to experience attenuated psychotic symptoms, 21 (35%) had at least one current axis I diagnosis, 29 (48.3%) exhibited poor functional outcome, and only 17 (28.3%) showed full clinical and functional recovery at long-term follow-up. Higher age and less negative symptoms at baseline were associated with better functional outcome at a trend level of statistical significance ($p = 0.06$ and $p = 0.09$). No significant predictors emerged for remission from CHR.
Conclusions.– Even though they do not progress to frank psychosis, most CHR-NT patients seem to continue to experience clinical symptoms and/or functional impairments even many years after initial identification and need adequate clinical attention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1041

Analysis of evolution and attitude to medication and in schizophrenic sample during two years of treatment with aripiprazole once-monthly

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Background and aims.–
Background.– Non adherente is a mayor problem in the treatment of schizophrenia. Publishes reports confirm the significant contribution of attitudes towards treatment and its impact on adherence and clinical outcomes.
Aims.– To assess the clinical evolution and attitudes towards medication in a sample of patients diagnosed with schizophrenia during one year of treatment with aripiprazole once-monthly (AoM).
Methods.– The sample included a total of 36 outpatients schizophrenic patients. Inclusion criteria were an age over 18 and 35 years, a diagnosis of schizophrenia (ICD-10 criteria), the start of treatment with AoM. A series of demographic variables were recorded, the DAI-10 (Drugs Attitude Inventary) scale was used to evaluate the attitudes to medication, PANSS scale was used to to identify the presence and severity of psychopathology symptoms, the CGI scale was used to assesses the severity of th symptoms, also analyzed time to relapse. The scales were again applied at baseline, 6, 12, and 18 months after the start of treatment.
Results.– $N = 36$ patients (22 males and 14 females), mean age of 32 years. 2 dropouts during follow-up. Results showed an improvement in PANSS and CGI score during the 18 months, manifesting from the sixth month (ANOVA, $p < 0.05$). Likewise, statistically significant differences (ANOVA, $p < 0.05$) were observed with the DAI scale.
Conclusions.– In our sample of patients diagnosed with schizophrenia during 18 months of treatment with AoM results of the study shows an improved attitude to the medication, functioning and prevention of relapse.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1042

Help seeking behaviour, untreated illness and duration of untreated psychosis amongst first time psychosis patients in urban and rural regions in Latvia

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Background and aims.– Geography, which could possibly define socioeconomic environment, has an impact on service ability and therefore influences pathways to help seeking and delay of starting treatment (Kvig et al., 2017). Aim: Evaluate differences between two FEP patients' cohorts in urban and rural regions in Latvia.
Methods.– All consecutive patients with FEP ($n = 207$) were interviewed in two hospitals: Rigas Centre of psychiatry and addiction medicine ($n = 113$), time period 01.07.2017.–01.07.2018., and Daugavpils Psychoneurological hospital in rural region ($n = 94$), period 01.01.2016.–31.12.2017. ICD-10 criteria for schizophrenia spectrum disorder was used, authors conducted structured interviews

including sociodemographic data and clinical characteristics. The study was approved by the RSU Ethics committee.
Results.– From all 113 consecutive FEP patients in Riga 68 (1st group) met the inclusion criteria; from 94 FEP in Daugavpils we included 77 (2nd group). There were 42 men (61,7%) in the 1st group, median age 29 y. (IQR 24,0–38,5), and 44 men (57,1%) in the 2nd group: median age 33 y. (IQR 27,0–43,0), $p = 0{,}067$. DUP in the 1st group was 4 weeks (IQR 2.0–16.0) vs 4 weeks (IQR 1.0–12.00) in the 2nd group, and DUI was 144 weeks (IQR 24.0–240.0) vs 96 weeks (IQR 24.0–192.0), $p > 0{,}05$, respectively. Self-initiated visit of psychiatric ER in 1st group 5,8% vs 11,9% in 2nd group, relatives initiated- 44,1% vs. 74,0% and medical workers initiated- 27,9% vs 10.3%, $p = 0{,}000$.
Conclusions.– Significant differences in help seeking behaviour between patients in city and rural region were found. No significant differences in DUP or DUI was found between these regions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1045

Associations of polymorphic variants of muscarinic, glutamatergic and adrenergic receptors genes and tardive dyskinesia in schizophrenia

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Background and aims.– Tardive dyskinesia (TD) is a side effect of antipsychotic treatment. Certain role belongs to genetic factors that might serve as the basis of sensitivity to development of TD.
The aim is to determine possible associations between genes of muscarinic (*CHRM1*, *CHRM2*, *CHRM4*), glutamatergic (*GRIK4*, *GRIN2A*) and adrenergic receptors (*ADRβ1*, *ADRA1A*) and TD in patients with schizophrenia.
Methods.– In total 449 patients with schizophrenia were included in the study: 121 patients with TD and 328 patients without it. Determination of a set of 22 polymorphisms of *CHRM1*, *CHRM2*, *CHRM4*, 1 polymorphism of *GRIK4*, 3 polymorphisms of *GRIN2A*, 1 polymorpism of *ADRβ1* and 2 polymorphisms of *ADRA1A* was performed by PCR-RT.
Results.– A significant decrease in the frequency of GG genotype (rs1824024) of gene *CHRM2* was found in patients with TD ($\chi^2 = 6.161$, $p = 0.046$). This genotype carries a protective effect on TD (OR = 0.4, 95%CI: 0.19–0.88). The frequency of T allele (rs2061174) was significantly higher in patients with TD ($\chi^2 = 6.027$, $p = 0.04$) and it has predisposing effect on the development of TD (OR = 1.38, 95%CI: 1.1–1.9). Also we found an increase in the frequency of AA genotype (rs2036108) of gene *ADRA1A* in patients with TD ($\chi^2 = 8.055$, $p = 0{,}018$) and it has predisposing effect (OR1 = 4.11, 95%CI: 1.28–13.22).
Conclusions.– This study identified associations between *CHRM2* and *ADRA1A* variations and TD. Reduction or increasing of the frequency of some genotypes in patients with TD demonstrated the protective or predisposing effect of these genotypes regarding risk of TD. This work is supported by RSF grant 17-75-1005.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part II

E-PP1046

Changes in language abilities, attention and processing speed in patients with first-episode psychosis after 18-month follow-up



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Background and aims.– According to previous literature, language abilities, attention and processing speed are often emphasized as the most impaired among different domains of neurocognitive functioning in schizophrenia. Our aim was to investigate the course of changes in these neurocognitive functions in patients with first-episode psychosis (FEP) during an 18-month follow-up.
Methods.– This study is a part of the prospective cohort study: "Biomarkers in schizophrenia-integration of complementary methods in longitudinal follow up of FEP". We recruited 159 FEP at the acute phase of illness during their first hospital treatment at two Croatian psychiatric clinics. Patients were assessed with sociodemographic questionnaire, Positive and Negative Syndrome Scale and neurocognitive tests for language abilities (Phonetic and Semantic Fluency Test), attention and processing speed (Stroop Test, Trial Making Test A, Digit Symbol Test) at two time points: during the first-episode of illness and after 18 months of follow-up.
Results.– As 30 patients (19%) were lost to follow-up, we analyzed 129 patients. Relative improvement rates in particular tests for attention and processing speed ranged from 11% to 19%, and for language abilities were 7% for Phonetic and 8% for Semantic Fluency test. Results were statistically significant for all tests and subtests besides Phonetic Fluency ($p = 0.311$).
Conclusions.– Although there was a slight improvement in language abilities after 18-months follow-up, it seems that impairment of these abilities needs more time to recover or that it remains relatively stable trait during the course of illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1047

Obesity in individuals with schizophrenia: a case-control study in South Tunisia

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Background and aims.– Schizophrenia has been associated with several health concerns and risks. There is a growing concern that patients with schizophrenia may also be at risk for being overweight or obese, compared with the general population.
Aims.– To estimate the prevalence of obesity in patients with schizophrenia and to compare them with matched controls.
Methods.– A cross-sectional case-control study conducted in the Psychiatric Department of the Regional Hospital of Gabès. It included a group of 88 patients meeting the schizophrenia diagnostic criteria of DSM-IV and a comparing group of 63 healthy controls recruited from the stomatology department of the same hospital. The collection of socio-demographic and clinical data was done using a pre-established questionnaire. We calculated BMI (Kg/m^2)and waist circumferences for each subject. Subjects were classified as obese ($BMI \geq 30\ kg/m^2$) or not obese ($BMI < 30\ kg/m^2$).
Results.– The majority of patients were male (68%), with a mean age of 46,8 years. The average BMI in the group of patients was 26,3 versus 25,9 in the control group with no significant difference between the two groups. Obesity was significantly linked to female gender (46,4 vs. 8,3%; $p < 10^{-3}$). The prevalence of obesity (BMI > 30) in this sample was 20,5%, nearly 2 times the prevalence of obesity in the control group (9,5%) but this difference was not statistically significant.
Conclusions.– People with schizophrenia are at increased risk of being obese compared with controls matched by age, gender and practice attended. Priority should be given to research which aims to reduce weight and increase activity in those with schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1048

Prevalence of metabolic syndrome in Tunisian patient with schizophrenia

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Background and aims.– The patients with schizophrenia constitute a population at risk of developing metabolic syndrome and cardiovascular complications. We aimed to determine the prevalence of metabolic syndrome among patients with schizophrenia and the risk factors associated with it. We also aimed to compare this prevalence to those of a control group and a group of first-degree relatives.
Methods.– A cross-sectional case-control study conducted in our Psychiatric Department for a period of 12 months. It was about 88 patients meeting the schizophrenia diagnostic criteria of DSM-IV. This group was compared to two other groups: one consisting of 31 healthy relatives; and the other consisting of 63 healthy controls recruited from the stomatology department of the same hospital. All three groups were matched by age and gender. The socio-demographic and clinical data were collected using a pre-established questionnaire. The biological dosages were practiced on blood samples after 12 hours of fasting. The metabolic syndrome was evaluated according to the National Cholesterol Education Program Adult Treatment Protocol (NCEP ATPIII) criteria.
Results.– The prevalence of MS in patient group was 30.7% compared to 19.4% and 20.6% in the parent and the control group respectively, with no significant difference between them. In the univariate study, the factors associated with MS were:High socio-economic status ($p = 0{,}016$), couple life ($p = 0{,}03$)and the total duration of antipsychotics intake ($p = 0{,}037$). After multivariate logistic regression analysis, factors associated with the MS were high socioeconomic status (OR = 3,88;IC 95% [1,14–13,2]), the couple life (OR = 4,9;IC 95% [1,53–15,6]), and smoking cigarettes (OR = 0,27;IC 95% [0,08–0,86]).
Conclusions.– Metabolic syndrome is frequent in patients with schizophrenia. It is associated with long-term exposure to AP. It is essential to ensure an adequate therapeutic choice for them.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1049

A mobile app–based intervention for adolescents with first-episode psychosis: the think app

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Background and aims.– Previous studies have shown an improvement in the access to treatment for patients with first-episode psychosis (FEP), specifically young patients, through mobile app–based interventions.
The aim of this study is to develop and test the effectiveness of a mobile app–based intervention to improve community functioning in adolescents with FEP.
Methods.– We developed an Android and IPhone Mobile app for patients with adelescents with FEP recruited from Gregorio Marañón Hospital, with a web support and administration application which registered interactions between the users and the app in order to generate relevant data and key performance indicators and thus support a wide range of further analyses.
Results.– The app is composed of 5 modules: (1) Psychoeducational: focuses on improving patients' insight into their illness, adherence, detection and identification of prodromes... In order to facilitate integration, psychoeducation will be administered through animated videos (2) recognition of symptoms and prevention of relapses: It has an alert system by which patients can weekly check their symptoms, cognitive performance, and emotional and behavioural circumstances. (3) Problem-solving: the participants can share their problems and ask other participants to provide possible solutions. (4) Mindfulness: adolescents can hear audio recordings with techniques like body. (5) Contact wall: Patients can use the wall to share their interests and experiences.
Conclusions.– This is an innovative study that develop a psychological intervention through a mobile app for patients with FEP during the critical period. The study could make treatment available to a much larger population in their communities and even in their own homes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1050

Characterizing acyl-carnitine biosignatures for schizophrenia: a longitudinal pre- and post-treatment study

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Background and aims.– Subjects with schizophrenia have high risks of metabolic abnormalities and bioenergetic dysfunction. Acyl-carnitines involved in bioenergetic pathways provide potential biomarker targets for identifying early changes and onset characteristics in subjects with schizophrenia.
Methods.– We measured 29 acyl-carnitine levels within well-characterized plasma samples of adults with schizophrenia and healthy controls using liquid chromatography-mass spectrometry (LC-MS). Subjects with schizophrenia were measured at baseline and after 8 weeks of treatment. A total of 225 subjects with schizophrenia and 175 age- and gender-matched healthy controls were enrolled and 156 subjects completed the 8-week follow-up.
Results.– With respect to plasma acyl-carnitines, the individuals with schizophrenia at baseline showed significantly higher levels of C4-OH (C3-DC) and C16:1, but lower concentrations of C3, C8, C10, C10:1, C10:2, C12, C14:1-OH, C14:2 and C14:2-OH when compared with healthy controls after controlling for age, sex, body mass index (BMI), smoking and drinking. For the comparison between pre-treatment and posttreatment subjects, all detected acyl-carnitines were significantly different between the two groups. Only the concentration of C3 and C4 were increased after selection by variable importance in projection (VIP) value > 1.0 and false discovery rate (FDR) q value < 0.05. A panel of acyl-carnitines were selected for the ability to differentiate subjects of schizophrenia at baseline from controls, pre- from post-treatment, and post-treatment from controls.
Conclusions.– Our data implicated acyl-carnitines with abnormalities in cellular bioenergetics of schizophrenia. Therefore, acyl-carnitines can be potential targets for future investigations into their roles in the pathoetiology of schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1051

Comparison of serum alkali metals and alkaline-earth metals between patients with schizophrenia and healthy controls

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Background and aims.– Alkali metals (AMs) and alkali-earth metals (AEMs) affect levels and signalling of neurotransmitters, which potentially play a role in the etiology of neurodevelopment disorders, including schizophrenia (SCZ). Herein, we performed a case-control study to explore the associations between serum concentrations of four AMs [i.e. potassium (K), sodium (Na), rubidium (Rb), cesium (Cs)], four AEMs [i.e. magnesium (Mg), calcium (Ca), strontium (Sr), barium (Ba)], and SCZ.
Methods.– We recruited 105 inpatients diagnosed with SCZ by DSM-IV, who had not received pharmacological treatment for at least one month prior to enrollment, and 106 age and sex matched healthy controls (HCs) from Weifang, China. Serum concentrations of Na, K, Ca, Mg were evaluated by inductively coupled plasma-atomic emission spectrometry (ICP-AES), while Rb, Cs, Sr, Ba were evaluated by inductively coupled plasma-mass spectrometry (ICP-MS).
Results.– Serum concentrations of two AEMs (Mg and Sr) were significantly elevated in the SCZ group, compared to HCs (20.86 vs. 19.73 μg/mL of Mg, $P < 0.001$; 53.14 vs. 42.26 ng/mL of Sr, $P < 0.001$), which remained statistically significant for the dichotomized data after adjusting for potential confounders (Mg: OR = 2.538, 95%CI: (1.254, 5.136), $P = 0.010$; Sr: OR = 3.798, 95%CI: (1.769,8.153), $P = 0.001$). No significant differences were observed for all four selected AMs (i.e. Na, K, Rb, Cs) or two AEMs (Ca and Ba) between SCZ and HCs.
Conclusions.– Higher Mg and Sr serum concentrations were associated with SCZ in a Chinese population. Future studies will be needed to determine the potential mechanisms involved, which may yield insights into the pathogenesis of SCZ with potential implications for future treatments, protective and preventative strategies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1052

Negative symptoms and body mass index in the chronic phase of schizophrenia

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Background and aims.– Our study aimed to validate the hypothesis that negative symptoms of schizophrenia encompass two domains namely apathy-avolition (AA) and diminished expression (DE) and to investigate the relationship of these domains with body mass index.
Methods.– A total of 100 consecutive schizophrenia outpatients, with primary negative symptoms, were evaluated using the Positive and Negative Syndrome Scale (PANSS), Negative Symptoms Assessment Scale (NSA-16), Calgary Depression Scale for Schizophrenia (CDSS), Simpson-Angus Scale (SAS) and a semi-structured interview was used to assess demographic features and body mass index. Data were analyzed using descriptive statistics, principal component analysis, correlation analysis and analyses of variance and co-variance.
Results.– We found a two-factor solution for the negative symptoms of schizophrenia represented by AA and DE. Analyses of correlation, variance and co-variance suggested that higher AA scores were associated with normal weight. No significant differences were found regarding DE scores in relationship with the body mass index.
Conclusions.– Our findings suggest the AA and DE domains show meaningful differences concerning the relationship with body mass index. Lower apathy-avolition levels are associated with higher body mass index in chronic stable schizophrenia patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1053

Secondary negative symptoms in schizophrenia

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Background and aims.– Negative symptoms of schizophrenia are considered to be a core feature of the disease and the current conceptualization of these symptoms classifies them as primary

or secondary. The distinction between primary and secondary negative symptoms is causal. Primary negative symptoms are considered to be intrinsic to the disease, while secondary negative symptoms are thought to be caused by different underlying mechanisms: positive symptoms, medication side-effects, depression or social deprivation. At a phenomenological level primary and secondary negative are similar and very hard to distinguish. Most research in this area focuses on primary negative symptoms aiming to rule out secondary negative symptoms which are most of the times a subsidiary outcome measure.
Methods.– In this literature review we summarized the most common mechanisms underlying secondary negative symptoms and the developments in the conceptualization, assessment and treatment for this category of symptoms.
Results.– Factorial analyses showed that secondary negative symptoms encompass the same domains as primary negative symptoms: avolition/apathy and diminished expression, but it is not yet clear and evidence are sparse regarding how specific causes of secondary negative symptoms are related which negative symptom domain. Even though recent research defined the main causes of secondary negative symptoms evidence based treatment recommendations remained scattered.
Conclusions.– Secondary negative symptoms haven't been the the primary focus of research on negative symptoms. The underlying mechanisms of these symptoms are still poorly understood, but given the overlapping phenomenology with primary negative symptoms some common pathophysiology could be found.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1054

Sinus bradycardia secondary to treatment with paliperidone palmitate injection

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Background and aims.– Paliperidone palmitate is an antipsychotic, active metabolite of risperidone, unlike traditional neuroleptics besides being blocking dopaminergic D2 antagonist is selective serotoninergic 5-HT2 receptors. It also antagonizes alpha1 adrenergic receptors and, in lesser way, also histaminergic H1 and alpha2 adrenergic receptors. The most frequently reported adverse reactions due to its use are headache, sinus tachycardia, pyramidal disorders and akathisia.
It is presented the case of a 48 year old male patient, a non-smoker with no other cardiovascular risk factors, diagnosed with Paranoid Schizophrenia in 2011 was in psychopharmacological treatment with paliperidone palmitate 350 mg injection quarterly and lorazepam 1 mg (0-0-1) in which the appearance of a sinus bradycardia is observed that after suspension of antipsychotic treatment with paliperidone and substitution by aripiprazole reverts.
To present the case of a patient in treatment with quarterly paliperidone palmitate injectable who presented a sinus bradycardia that disappeared after his suspension.
Methods.– Perform a literature search about the side effects of paliperidone palmitate.
Results.– The most common cardiovascular effects of paliperidone palmitate are tachycardia and arterial hypertension, although bradycardia can also produce the adverse effect, although it is a very rare side effect. In the case presented, the fact that the suspension of the treatment was reversed and the lack of any other cause that the explanation supports was due to the drug.
Conclusions.– It is important to control the physiological variables in patients with antipsychotic treatment, since it may be the case that a message of adverse problems appears for the years after the start of treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1055

Pregnancy delusion in men: case report

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Background and aims.– A delusional pregnancy in males is regarded as particularly exotic but poorly described in the literature. Our aim was to describe a clinical case of pregnancy delusion in a man and its after effect.
Methods.– We report the case of Mr. R.K, 22 years old.
Results.– He was single and unemployed. He was diagnosed as having schizophrenia at 20. The patient was first admitted to psychiatry department at the age of 21. During the interview, he reported that his neighbor raped him. One year later, he was hospitalized once again for suicidal thoughts. He was ashamed because of the rape. He felt guilty. He believed that he did not deserve to live. He was anguished. He complained of stomachache and believed he was pregnant. He wanted to shoot his abdomen in order to kill the baby. He did not present any clinical symptoms of hyperprolactinemia. First he was treated by antipsychotic. Given the persistence of suicidal thoughts and sadness, we prescribed fluoxetine. After 2 weeks, he showed an improvement. Thus, he was discharged from the hospital. At the one month follow-up, the patient had neither psychotic symptoms nor abnormal behavior. He almost reached his pre-morbid level of functioning. However, Mr. R.K felt embarrassed to talk about his pregnancy delusion and had difficulties to deal with stigma.
Conclusions.– Pregnancy delusion in men is a challenge for clinicians. In addition to treating it, doctors have to check whether their patients have clinical signs of hyperprolactinemia and help them cope with the difficulties they might face afterwards.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1058

On the relation between humor perception and symptoms in schizophrenia

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Background and aims.– Sense of humor has been found to be disturbed in people with schizophrenia yet current literature is limited and ambiguous on its relationship to psychopathology. While some research found no significant relationships, in other either total psychopathology score, positive syndrome, cognitive symptoms, delusions, avolition, apathy, and depression were associated with diminished recognition of humor. Moreover, findings on the associations between cognitive skills and humor comprehension indicate the need to account for the cognitive functioning when evaluating humor.

Methods.– 40 schizophrenia-diagnosed subjects provided humor comprehension and funniness ratings for 60 cartoons and 60 stories with funny, neutral and absurd punchlines based on the Chan's humor task. The severity of psychopathology was assessed with PANSS. To examine general cognitive functioning MoCA was used.
Results.– Significant correlations of humor comprehension and funniness ratings with psychopathological symptoms and other clinical characteristics were found. The associations between humor task ratings, chlorpromazine equivalents of neuroleptics and sex did not reach statistical significance. MoCA score and age showed several significant correlations with humor task ratings. Disorganization syndrome was found to associate with deficits in humor comprehension and experienced funniness in non-humorous stimuli after controlling for cognitive performance, age, sex and medication.
Conclusions.– Humor perception seems to be associated with the severity of symptomatology, which manifests in the understanding of humorous material and in the subjective appreciation of funniness of a material not intended to be humorous. Cognitive functioning is associated with deficits in humor perception.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1061

Psychotic reaction during the treatment of infertility with gonadotropins

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Background and aims.– Recent studies in our country show an infertility rate between 15–17% of the population, with the rate experiencing an increasing tendency. Over the last decades, assisted reproduction techniques (ART procedures) have revolutionized the treatment of infertility. Infertility, mental disorders and infertility treatments are related to one another in a very complex way. Estrogens have been associated as a possible protective factor for psychosis in women. The prevalence of psychological disorders among women treated for infertility is unknown. An ineffective treatment for infertility could be an independent risk factor for the development of psychiatric disorders, particularly psychotic disorders.
Objectives.– To report a clinical case study of psychotic disorder in a patient who has undergone ovulation induction therapy with gonadotropins.
Methods.– Descriptive study of a clinical case and literature review of the subject.
Results.– We describe the case of a 40-year-old woman with uterine pathology (endometriosis and myomas) that causes sterility. She performs four attempts of conception at in vitro fertilization, without success. Days after receiving the last cycle (human gonadotropin and follitropin alfa), the woman presents intense anxiety, insomnia, sensation of strangeness, auditory hallucinations in the form of imperative voices and self-referential delusional ideation, with alteration of secondary behavior. Treatment: aripiprazole 15 mg/day with remission of the psychotic clinic after several weeks.
Conclusions.– Despite the increase in the prevalence of ART, there is no consensus regarding the psychological and psychiatric management of mental health complications associated with the diagnosis and treatment of infertility.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part III

E-PP1062

Postpartum psychoses versus functional psychoses: a comparison of behavioral phenotypes and genetic susceptibility

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Background and aims.– ICD-10 considers postpartum psychosis a separate psychosis in itself (F53), while in DSM-5 it is a form of either mood disorder with psychotic symptoms, or of brief psychotic disorder triggered by birth.
The study aims to compare the behavioral phenotypes and genetic vulnerability of patients with postpartum psychosis versus patients with functional psychoses not related to puerperium.
Methods.– The study included two samples of inpatients diagnosed according to ICD-10 criteria with psychosis, one consisting of subjects with postpartum psychosis at the index episode (PP) and the other of female subjects with schizophrenia, schizoaffective and bipolar disorder (non-PP). We analyzed: socio-demographics, age at disorder onset, the mean duration and the number of psychotic episodes, psychiatric family history, suicidal attempts, substance abuse and psychiatric symptoms at index episode.
Results.– The study was conducted on 62 patients: 31 in the PP group, and 31 in the non-PP group. We found no significant differences between the samples concerning: suicidal attempts, history of family violence, substance abuse and psychiatric family history. Subjects with psychiatric family history had a higher number ($p = 0.034$) and a longer duration ($p = 0.03$) of psychotic episodes. Postpartum psychosis evolved towards the following diagnoses: bipolar disorder (6.5% patients), recurrent depressive disorder (12.9%), schizoaffective disorder (16.1%), and schizophrenia (32.3%). 32.3% of PP patients remained with a single postpartum psychotic episode.
Conclusions.– The study did not reveal significant differences between postpartum psychosis and other functional psychoses regarding behavioral phenotypes and genetic vulnerability. However, a family history of psychiatric disorders may increase the risk of psychotic recurrences.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1063

Determinants of clinical evolution and social functioning in schizophrenia in middle-income countries: evidence from Mexico

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Background and aims.– Sex and age at onset are associated with symptoms at the time of presentation of the Schizophrenia, but the effect of these factors on the long term course of SCH has not been determined.
Objective.– We determine what factors in people with schizophrenia are predicted with a continuous evolution of the disease, and a worse social functioning.
Methods.– This study was carried out from 2009–2010. Patients were interviewed, and a diagnosis was assigned based on DSM-IV criteria. In order to examine the relationship between the factors that determine the schizophrenia and its evolution, we developed a path analysis using a General Modeling of Structural Equation in STATA 14.
Results.– The male sex (Coef. 1.022) and the schizoid premorbid personality (Coef. 3.393), have a positive and significant effect with schizophrenia. A high value of PANSS Negative suggests that the patient tends not to have a relationship (Coef. −0.578), does not have a paid job and would not be an enrollment in an educational program (Coef. −0.578) (Fig. 1).

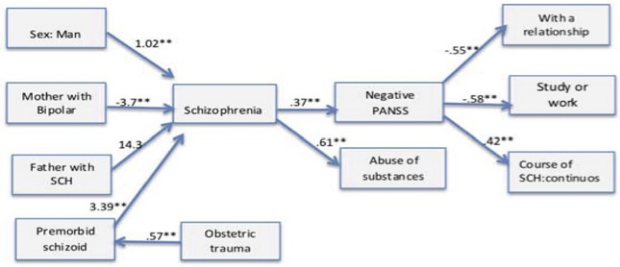


Figure 1. Model the relationship among factors determining the presence of SCH and its evolution and social functioning.

Conclusions.– There are several factors that confer vulnerability to schizophrenia, mainly the susceptibility on the male sex; as the father with schizophrenia, a schizoid premorbidity and a higher rating of negative symptoms, and when men show a greater propensity to negative symptoms, there is a higher prevalence of a continuous course of schizophrenia and a social functioning lower.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1064

Proteomic research in psychiatry: schizophrenia

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Background and aims.– Multifactorial aspects of schizophrenia have always impeded study of biochemical characteristics and delayed creation of preclinical models the disease. Proteomic studies may indicate pathological changes in brain cells of schizophrenia patients, which contributes to understanding its molecular mechanisms.
Methods.– We used serum of 20 healthy and 30 patients with schizophrenia. Samples preparation included: serum purification from major proteins via affinity chromatography, 1D-PAGE proteins separation, in-gel tryptic hydrolysis, LC-MS/MS mass-spectrometry (Orbitrap Q-exacutive HF mass spectrometer, Agilent Technologies). Identification of proteins was carried out using Mascot software Ver. 2.1 («Matrix Science», USA).
Results.– We identified proteins that were mostly involved in biological processes, such as regulation of nucleic acid metabolism, protein metabolism, cell communication, immune response. For example, cadherin 5 and protocadherin fat 2, participate in cellular communication and signaling, especially in actin-dependent signaling, which recently received great attention in the development of diseases with an inflammatory component. In addition, identified proteins participate in transcription regulation, for instance, zinc finger X-linked protein ZXDA, KRAB domain-containing protein ZNF747. These proteins playing an important role in brain development, as well as in the development of mental and cognitive disorders.
Conclusions.– Identified proteins could be included in sensitive and specific biomarker panel for schizophrenia diagnostic, and for evaluating subsequent response to treatment.
Acknowledgments.– Support by Grant of RSF № 18-15-00053. Mass spectrometric analysis was carried out using the equipment of "Human Proteome" Core Facility of the Institute of Biomedical Chemistry (IBMC) Moscow which is supported by Ministry of Education and Science of the Russian Federation (unique project ID RFMEFI62117X0017).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1065

A smartphone guided experience sampling study: impact of childhood trauma and expressed emotion level on stress sensitivity in psychotic patients

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Background and aims.– Stressors such as traumatic life events and high expressed emotion play a role in the onset and relapses of psychotic disorders. Sensitivity to stress is defined as an increased emotional and behavioral response to daily life events and considered one of the main features of psychosis.
The aims of this study were (a) to investigate the link between daily life events, emotional and psychotic experiences in real life conditions (b) to determine the impact of childhood trauma and caregivers' expressed emotion levels on these three variables (c) to examine the differences in emotions and psychotic experiences among the types of daily life events.
Methods.– Daily life experiences, emotional reactions and psychotic symptoms of the forty-one outpatients with psychosis were assessed with the experience sampling method (a momentary self-assessment technique collecting information with signals ten times daily on six days by a smartphone). SCID-I, PANSS, Childhood Trauma Questionnaire (CTQ), Level of Expressed Emotion Scale and Expressed Emotion Scale were also used.
Results.– High CTQ scores were positively correlated with daily life stress, negative emotions and psychotic symptoms. Patients with high expressed emotion experienced more activity related stress, negative emotions and psychotic symptoms during the time they spend with their caregivers. Among the types of daily life events, the most social experiences were related to psychotic symptoms and negative emotions and this relationship was determined by high CTQ scores.
Conclusions.– Our study confirmed that sensitivity to stress and symptoms of psychotic patients in real life condition are affected by childhood trauma and caregivers' expressed emotions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1066

Identifying the lack of services for psychotic patients after the early psychosis intervention

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Background and aims.– Early Psychosis Intervention (EPI) programs are considered the gold-standard for patients experiencing psychosis. Those programs themselves are underused and lack sufficient wellness/recovery-oriented elements. After the EPI, there is much to be desired with regards to follow up and services leading to patients either remaining longer than 3 years in the EPI or not receiving the care they need. This systematic literature review was completed to quantify availability and outcomes of offered programs for psychotic patients after EPI treatment.
Methods.– We used Medline, PsycInfo, CINAHL databases and the search terms "psychosis", "psychotic", "self-management", "program development", "program evaluation", "psychiatric rehabilitation", and "mental health recovery". English language papers only were retrieved. After sparse results, we conducted an informal google search for Canada.
Results.– Fifty-five papers were retrieved in the formal search, of which 9 addressed specific programs after the EPI. The 9 included articles originated in USA, UK, Singapore and Netherlands. Offered programs had a great heterogeneity in structure and time-frame and focused on different outcomes to evaluate treatment success making it impossible to compare them. All programs reported significant efficacy. None had a long-term follow up proceeding treatment. The informal search only found services in 5 out of the 10 Canadian provinces. No study data in regard to their outcome was available.
Conclusions.– There is a great lack of availability and research of programs supporting psychotic patients after Early Psychosis Intervention programs. More programs need to be implemented to cover the high needs in all provinces of this patient population.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1067

Assessment of cardiorespiratory capacity and physical fitness in patients with schizophrenia

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Background and aims.– Mental disorders are often associated with respiratory, metabolic or cardiovascular diseases. The life expectancy of people suffering from schizophrenia is, on average, 15 years shorter in the general population. The only risk factor for the development of diseases within these systems is sedentary and unhealthy lifestyle in this group of patients.
The study aimed to compare physical fitness (cardiorespiratory fitness, strength, and flexibility, agility and balance) of hospitalized patient with schizophrenia (S, $n = 16$) and control group (C, $n = 35$).
Methods.– The study group consisted of women and men (S, $n = 16$), diagnosed with schizophrenia (70–100, PANSS scale). Control group (C, $n = 39$). Maximal oxygen uptake (VO_2max) was estimated using the Astrand-Rhyming gender-sensitive nomogram. The physical efficiency was assessed using a 6-task Fullerton test. One-way ANOVA with post-hoc HSD Tukey test was used to assess the differences between groups.
Results.– The conducted studies showed significant differences between the patients (S, $n = 16$) and the control group (C, $n = 35$) in terms of physical performance (VO_2max), as well as the majority of parameters related to physical fitness.
Conclusions.– Patients with schizophrenia present poor level of cardiorespiratory fitness. Therefore physical training should be a permanent support of standard treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1068

Self-criticism, external shame, and psychopathological symptoms: is self-criticism a mediator between external shame and psychopathological symptoms in institutionalized women diagnosed with schizophrenia?

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Background and aims.– Early emotional experiences associated with shame appears to significantly influence the psychobiological functioning, having been related to vulnerability to psychopathology. Other studies also confirm that self-criticism plays a role in the development of psychological problems. This study intends to evaluate the role of self-criticism (the Inadequate Self) as a mediator in the relationship between external shame and psychopathological symptoms among patients with schizophrenia.
Methods.– The sample consisted of 41 institutionalized women with a diagnosis of schizophrenia, were aged between 31 and 77 years old ($M = 54.10$; $SD = 11.12$).
Results.– The mediation analysis showed that the Inadequate Self significantly predicts the psychopathological symptoms [$\beta = 0.04$, $t(38) = 2.97$, $p = .0051$], when faced with external shame. It was also found an indirect effect of external shame on psychopathological symptoms ($\beta = 0.012$, $p = .001$) through the Inadequate Self.
Conclusions.– A form of self-criticism, the Inadequate Self, is associated positively with external shame; and, also has a mediator role in the relationship between external shame and psychopathological symptoms in patients with schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1069

Gluten sensitivity, schizophrenia and factors related with: what is known, what is new?

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Background and aims.– Meta-analyses point out that patients suffering from schizophrenia have elevated serum biomarkers of gluten

sensitivity, and their immune response is different from that of celiac disease patients'. The factors and potential confounders linking an abnormal immune response and non-affective psychosis remain unclear.
The aim of the study was to (1) compare an abnormal immune response to gluten between patients suffering from schizophrenia and healthy individuals; (2) assess the influence of the disease stage and gender as the factors affecting an immune response in schizophrenia patients.
Methods.– We examined 52 (55.8% male) first-episode of psychosis patients (FS group), 50 (50.2% male) chronic patients (CS group) who fulfilled DSM-5 criteria for schizophrenia, and 60 (41.7% male) healthy individuals as a control group (HC). The levels of gluten sensitivity biomarkers (anti-gliadin antibodies, AGA IgG/IgA) were measured.
Results.– We found differences in positive AGA IgA levels: CS>FS>HC (26% vs 11.5% vs 5% respectively) and AGA IgG levels: FS>CS>HC (30.8% vs 20% vs 10% respectively) between the groups ($p < 0.05$). In CS group, positive AGA levels were more often found in men than in women (89% vs 11% respectively) ($p < 0.05$).
Conclusions.– An abnormal immune response to gluten was more frequently observed in schizophrenia patients compared to healthy individuals. In the patient group, the response depended on the disease phase and gender. The mechanisms underlying the differences are still unclear. An investigation of IgG/IgA antibodies against gluten peptides in this group of patients could be helpful in providing personalized medicine involving dietary approaches.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1071

Treatment adherence and persistence with oral second-generation antipsychotics in patients with schizophrenia in Spain and Denmark

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Background and aims.– Schizophrenia is a heterogeneous and burdensome disease that can lead to loss of functioning and patient autonomy. Today, most patients are treated with oral second-generation antipsychotics (SGAs); however, lack of treatment adherence and persistence may represent important treatment challenges.
This study aimed to investigate treatment adherence and persistence of oral SGAs in patients with schizophrenia overall and in younger patients ($\leq$35 years).
Methods.– Schizophrenia diagnosis and prescription data from 124 psychiatry clinics in Spain and national patient and prescription registries in Denmark were studied between 2013-2016. Treatment adherence was estimated as the proportion of days covered (PDC) by drug supply per treatment episode, and treatment persistence as the proportion of patients discontinuing treatment within 6 and 12 months.
Results.– Among patients prescribed antipsychotics, the majority were prescribed oral SGAs [Spain 78% (1,965/2,507 patients), Denmark 76% (12,983/17,193)].
Patients prescribed oral SGAs showed good treatment adherence (PDC: Spain 84%, Denmark 80%). However, many patients discontinued oral SGA treatment within 6 months (Spain 20%, Denmark 25%) and 12 months (Spain 33%, Denmark 40%). Younger patients had similar adherence (Spain 80%, Denmark 77%) but more treatment discontinuation after 6 (Spain 25%, Denmark 37%) and 12 months (Spain 40%, Denmark 56%) than patients overall.
Conclusions.– Results from Spain and Denmark showed that despite good adherence, numerous patients with schizophrenia (especially younger patients $\leq$35 years) discontinued their oral SGAs within one year after treatment initiation. These results highlight the unmet need for alternative oral antipsychotics to improve treatment persistence and meet the needs of individual patients with schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1073

Vortioxetine as add-on strategy for treating negative symptoms in schizophrenia

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Background and aims.– The overwhelming majority of patients with Schizophrenia suffer to some extent from negative symptoms (NSS). Indeed, multiple clinical and pharmacological interventions have been the subject of investigation, but to this point, the efficacy of actual treatments is questionable. Selective serotonin reuptake inhibitors are one of the promising approaches, having the additional benefits of being relatively safe and innocuous. Vortioxetine has a unique receptor-binding profile and pharmacodynamic properties that provided a non-clinical rationale to investigate it's use on NSS.
This case-report intend to raise the discussion on the relevance and safety of adjunctive use of vortioxetine for the treatment of NSS.
Methods.– The case-report was described with data retrieved from the clinical file.
Results.– Here, we report a case, selected from a case series, of a 44-year-old man diagnosed with Paranoid Schizophrenia, stabilized with antipsychotic medication, but with persistent NSS. NSS and cognitive symptoms (CSS) were assessed using Clinical Assessment Interview For Negative Symptoms (CAINS) and Addenbrooke's Cognitive Examination (ACE), respectively, and Vortioxetine 10 mg/day was initiated. Since first month, patient appeared more sociable, less apathic, with more fluent speech and better facial/vocal expression. Remarkably, NSS and CSS had a progressive clinical change, with a 33% decrease in NSS and 13% raise in cognitive performance. No major safety issues appeared.
Conclusions.– There is some data supporting partial benefits in the use of antidepressants in NSS and no relevant data specifically for vortioxetine. The significant change in NSS and CSS of this patient shows a promising effect. Further clinical studies will help clarify this potential therapeutic role.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1075

Seasonal birth pattern regarding patients with schizophrenia

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Background and aims.– The relationship between season of birth and human disease susceptibility is well known. For schizophrenia, most of the studies reveal a decrease in late summer births and an increase number of winter-spring births. There are various factors that can explain this association, ranging from endocrine to immune factors. However, some studies do not confirm this observation.
The present study aimed to analyse the seasonal birth month pattern in patients with schizophrenia.
Methods.– Retrospective database reviews were conducted on inpatients, hospitalized between January 2003 and December 2012 in *Hospital de São João*, Porto. Statistical population data was collected in Eurostat. A total 370 patients were analyzed (102 women and 268 men), born between1929 to 1997.
Results.– A seasonal distribution of births was detected with a peak being reached in the month of May (11.6%). This profile, when compared to general population in Portugal, displays the absence of a second peak of births during the month of September. These differences are highly more prevailing in the male gender, with a profile of 11.6% in May, 11.9% in June and 7.5% in September.
Conclusions.– In Porto, the pattern of birth seasonality of patients with schizophrenia shows an increase of births during late winter and early spring. In this view, we could hypothesize that these patients had higher risk of prenatal viral infections, more common in winter. Since the maternal inflammatory response has been associated with fetal brain injury, this could explain the higher risk for developing schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1078

White matter abnormalities as endophenotypes of schizophrenia in 22Q11 deletion syndrome

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Background and aims.– 22q11.2 Deletion Syndrome (22q11 DS) patients have 25% risk of psychosis onset. White matter (WM) brain abnormalities are supposed to be endophenotypes of schizophrenia.
Aim of the present study is to compare WM characteristics, namely Fractional Anisotropy (FA), an indicator of fibers integrity, between groups of schizophrenic and 22q11DS patients to demonstrate they are similar and present also before the psychotic onset.
Methods.– Sample consists of 83 subjects, divided into 4 groups: Healthy Controls (HC) $N = 24$; 22q11DS non-psychotic subjects (DEL) $N = 14$; 22q11DS psychotic patients (DEL_scz) $N = 8$; schizophrenic patients without 22q11DS (SCZ) $N = 37$. 3T Diffusion Tensor Imaging (DTI) MRI sequences were analysed with Tract Based Spatial Statistic tecnique. Significant results were considered for $p < 0.05$ corrected for multiple comparisons.
Results.– SCZ and DEL_scz groups showed a significant FA reduction compared to HC in identical clusters of voxels, located in: Corpus Callosum (CC), Fornix, Internal Capsule, Posterior Thalamic Radiation, Inferior and Superior Longitudinal Fasciculi, Inferior Fronto-Occipital Fasciculus, Uncinate Fasciculus. DEL group showed a significant FA reduction compared to HC in the sameregions (Internal Capsule, Inferior and Superior Longitudinal Fasciculi, Inferior Fronto-Occipital Fasciculus, Fornix and Uncinate Fasciculus) and in the Corona Radiata and External Capsule. The only differences between clinical groups consists of a higher FA in the CC found in DEL, respect to SCZ group.
Conclusions.– Whole-brain DTI analyses showed similar reduction of white matter integrity between group at high genetic risk for schizophrenia and patients with an established psychotic disorder. The white matter alterations in schizophrenia seems to be linked to genetic etiopathogenesis of the disorder.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part IV

E-PP1079

Practical and visual-constructive skills in schizophrenic patients

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Background and aims.– Cognitive impairment and poor medical compliance are well recognized in subjects with schizophrenia. The aim of the present study is to examine the schizophrenic patients, emphasizing the cognitive profile, to identify the skills primarily compromised. protocol aimed at measuring some cognitive functions that highlight serious deficits sick psychotic patients, in order to set up a targeted rehabilitation treatment; this will strongly influence their quality of life
Methods.– It was used a protocol characterized by cognitive tests on a "experimental group" composed of 85 subjects (40% females, 60% males) with psychotic disorder, that measure the following areas: attention, memory, logical-deductive and problem solving skills. The tests given are: Digit Span, Spinnler Matrix Warning, A & B Trail Making Test, REY's Auditory Test, F.A.S, Raven's Color Progressive Matrices, Clock Drawing Test.
Results.– On the basis of the results obtained, a significant impairment of practical and visual-constructive skills was highlighted. In particular, the females displayed these cognitive alterations in the age group 21–30 years, while the males had in the age group 31–40.
Conclusions.– The results obtained by experimental group demonstrated the presence of significatealterations related to Practical and visual-constructive skills. Acting on these areas, there will be a rapid and significant recovery of patients with this disorder, accelerating their capacity for autonomy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1080

The Aripiprazole-Clozapine association in treatment ultra resistant schizophrenia: a case report

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Background and aims.– Clozapine remains the reference treatment in resistant schizophrenia. However, its effectiveness is obtained only in 30 to 50% of cases.
In this clinical case report, we discuss effectiveness of the addition of Aripiprazole to Clozapine as a therapeutic alternative in the treatment of ultra-resistant schizophrenia.
Methods.– We report the case of Mr A.T, 44 years old. He suffers from paranoid resistant schizophrenia since the age of 30 years and was treated with 900 mg/day Clozapine without side effects. To evaluate efficacy of treatment, we used the Brief Psychiatric Rating Scale (BPRS), the scale for the Assessment of Negative Symptom (SANS) and the scale for the Assessment of Positive Symptoms (SAPS). Plasma concentrations of Clozapine and the main metabolite Norclozapine were evaluated by High-Performance Liquid Chromatography method (HPLC).
Results.– Despite the administration of high doses of Clozapine (900 mg/day), a correct plasma Clozapine concentration and correct plasma Norclozapine concentration (respectively 824 ng/ml and 72 ng/ml), we have achieved only 22% improvement in the BPRS. Finally, when associate Clozapine 900 mg/day to Aripiprazole at a dose of 10 mg/day, we noted better improvement in positive symptoms with a marked decrease of anxiety and psychotic symptoms. In this association we found improvement of 48% in the SAPS, 42% in SANS and 40% in BPRS.
Conclusions.– The results of this clinical case suggest that the addition of Aripiprazole to Clozapine in treatment ultra resistant schizophrenia could be an effective therapeutic alternative. Double-blind studies are needed to confirm this ascertainment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1081

MMN impairment in subjects with schizophrenia among different stages of disease

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Background and aims.– The mismatch negativity (MMN) is an event-related potential (ERP) associated with pre-attentive processing. MMN impairment is a well replicated finding in subjects with schizophrenia (SCZs), either in first-episode or chronic patients. However, to date, it is not clear whether this dysfunction reflects a feature of the illness or of disease progression and if other variables, such as demographic characteristics, psychopathology and cognitive deficits, could have an impact on this impairment.
In the context of a multicenter study of the Italian Network for Research on Psychoses, our aim was to investigate the influence of illness duration on MMN impairment in SCZs.
Methods.– MMNs to pitch- (p-MMN) and duration- (d-MMN) deviants were recorded in 117 SCZs and 61 healthy controls (HCs). SCZs were clustered into four groups based on illness duration (ID): SCZ-A, ID $\leq$ 5 years (N = 23); SCZ-B, ID 6 to 13 years (N = 38); SCZ-C, ID 14 to 18 years (N = 27) and SCZ-D, ID 19 to 32 years (N = 29). We assessed psychopathology and neurocognitive functions. Multivariate analyses were used to test group differences.
Results.– SCZ-D exhibited more positive symptoms than SCZ-A and higher global neurocognitive deficits than SCZ-A and SCZ-B. All groups of SCZs, compared with HCs, showed reduced p-MMN (p < .001) and d-MMN (p < .001) amplitudes (age and gender as covariates). We did not find any differences on MMN amplitude among the four SCZ subgroups (age, gender, positive symptoms and neurocognition as covariates).
Conclusions.– Our results suggest that MMN dysfunction is not related to illness duration and is also independent of psychopathology severity and neurocognitive impairment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1082

Relationship between MMN and real-life functioning in subjects with schizophrenia

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Background and aims.– Despite the development of successful treatments of psychotic symptoms, the impairment in real-life functioning in subjects with schizophrenia (SCZs) remains an unmet need in their management.
Recent studies suggested that functioning of SCZs was associated with impairment in mismatch negativity (MMN), an event-related potential reflecting pre-attentive processing. However, these studies did not clarify whether this relationship is a direct one or reflects a cross-correlation with other variables.
Our study was designed to investigate differences between SCZs and healthy controls (HCs) on MMN amplitude and its relationships with real-life functioning domains in SCZs.
Methods.– In the context of a multicenter study of the Italian Network for Research on Psychoses, pitch- (p-MMN) and duration-deviant (d-MMN) MMNs were recorded in 125 chronic SCZs and 61 HCs. Within SCZs, we assessed psychopathology, neurocognitive functions; functioning was measured with the Specific Level of Functioning Scale (SLOF). Multiple regression was used to predict functioning using MMN, age, gender, duration of illness, neurocognitive composite score of the MATRICS Consensus Cognitive Battery, Calgary Depression Scale for Schizophrenia total score, negative symptom domains of the Brief Negative Symptom Scale, positive and disorganization dimensions of the Positive and Negative Syndrome Scale (PANSS) as independent variables.
Results.– SCZs showed a reduced p-MMN and d-MMN amplitudes, compared with HCs. PANSS Positive dimension (β = –.421, p < .001) and p-MMN amplitude (β = –.219, p < .011) were found to predict SLOF work skills domain of SCZs, independently from symptoms, demographic characteristics and neurocognition.
Conclusions.– The impairment in the pre-attentive processing in SCZs might represent a candidate biomarker of poor functional outcome.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1083

Neurocognitive profile of patients with psychotic spectrum disorders applying methods of computational intelligence

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Background and aims.– Neurocognitive deficits are a core feature of psychotic spectrum disorders. It is commonly accepted in the scientific psychiatric community that atients who suffer from a particular psychotic disorder, have a variety of deficits in most cognitive functions including executive function, memory and attention. The purpose of the study is to examine neurocognitive deficits in a clinical sample of hospitalized patients diagnosed in the psychotic spectrum applying innovative methods of computational intelligence.
Methods.– The participants belonged to the category of patients diagnosed in the spectrum of psychosis disorders hospitalized at the University Psychiatric Clinic of the General Hospital. Neuropsychological tests and scales such as Wisconsin Sorting Card Task, Key Search, Stroop Test, Digit Span, and phonological/semantic memory (COWAT) were used to collect the data.
Results.– Through the use of specific computational intelligence programs (WEKA, R), Machine Learning Techniques were applied by selecting appropriate classification, clustering and correlation algorithms. In addition, the parameters of these algorithms were determined, depending on the case, in order to produce conclusions/decision-making rules.
Conclusions.– In conclusion, it is underlined the significance of the exported rules that applied via computational intelligence methods and are presented in the most understandable and friendly way to the final recipient. The results of the study highlight the clinical significance of the neurocognitive deficits of patients (especially in the executive functions) who are diagnosed in the psychotic spectrum and may also contribute to a better knowledge for the course of the psychosis offering new data for implementation of therapeutic programs of cognitive rehabilitation/psychoeducation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1084

Theory of mind and psychopathological symptoms in schizophrenia

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Background and aims.– Theory of Mind means an innate ability to assign the mental states to oneself and other people. Several studies have shown a relationship of ToM deficits with various psychopathological symptoms. So far this matter is not clear.
The aim of this study was to analyse relationships between ToM and general clinical symptomatology in schizophrenia.
Methods.– Sixty one patents of schizophrenia were examined at admission (Time 1) and before discharge from the psychiatric hospital (Time 2). ToM was assessed with the Reading the Mind in Eyes (Time 1: RME1 and Time 2: RME2) by Baron-Cohen at al. (1997). Psychiatric symptoms in schizophrenia were assessed using Positive and Negative Syndrome Scale (Time 1: PANSS 1 and Time 2: PANSS 2).
Results.– There were significant differences in clinical symptoms between Time 1 and Time 2: the means (± SD) of the PANSS 1 = 112.09 ± 19.48 vs PANSS 2 = 59.21 ± 14.45 ($p < 0.001$). However, there were no significant differences in symptoms between RME 1 and RME 2: the means (± SD) of the RME 1 = 20.62 ± 5.95 vs RME 2 = 21,21 ± 6.17. There were no significant differences between RME 1 and psychopathological symptoms of PANSS 1. Different results appeared in the second study. There were significant differences between RME 2 and negative symptoms (PANSS 2) ($p < 0.05$).
Conclusions.– The relationship between the core symptoms of schizophrenia and the ToM is not clear. Perhaps, study of the relationship between particular groups of symptoms will indicate which symptoms affect the ToM deficits most.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1086

Social cognition and oxidative stress in first decade of schizophrenia: a 1-year follow-up study

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Background and aims.– There is evidence that cognitive impairment is related to oxidative stress imbalance in patients with schizophrenia or first-episode of psychosis (Moustafa et al., 2014; Martínez-Cengotitabengoa et al., 2012). However, there is no longitudinal data of this association in social cognition (SC). Aim: To analyze the relationship between baseline oxidative stress parameters and SC.
Methods.– One-year follow-up study of 54 stable outpatients with schizophrenia (≤10 years of illness) [mean age = 31.3 ± 6.4; 61.1% males]. Assessment: SC was measured with MSCEIT (MATRICS Cognitive Consensus Battery). Oxidative stress biomarkers: homocysteine, hemolysis test, lipid peroxidation subproducts, catalase activity in erythrocytes (CAT). Statistics: Pearson correlation and linear regression analyses including age, duration of illness, BMI, smoking and psychopharmacological treatment as covariates.
Results.– At follow-up, patients presented a worsening (decrease) of SC T-score [51.1 ± 16.1 vs 46.9 ± 17.3 ($t = 2.434$; $p = 0.018$)]. None of the oxidative stress parameters was significantly correlated with SC at baseline. Only the antioxidant CAT was correlated with the change of SC T-scores at follow-up (higher levels of CAT associated with a decrease in *T*-scores) ($r = -0.287$; $p = 0.035$), but not any other biomarker. Regression model only identified the levels of CAT as a predictor of worsening in SC [beta = −0.287; $R^2 = 0.082$ ($p = 0.035$)].
Conclusions.– The oxidative stress mechanisms could be involved in the deterioration over time of SC in patients with an early stage of schizophrenia. In this sense, we found that a greater antioxidant response, as a compensatory response to oxidative damage, was associated with worsening in SC at 1-year follow-up.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1087

Delusional disorder beyond the dopamine and serotonin hypotheses: a systematic review supporting evidence-to-date

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Background and aims.– Disturbances in the dopaminergic and serotonergic transmission have been involved in the etiopathogenesis and treatment response of psychotic disorders. However, evidence supporting the dopamine and serotonin hypotheses have not been sufficient extended to delusional disorders.
The main goal of this systematic review was to address the relationship between dopamine and serotonin dysfunctions and delusional disorder.
Methods.– A systematic computerized search among Pubmed and Scopus databases was undertaken for articles from 1990 to September 2018 following the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. The following search terms were used: (dopamine OR serotonin) AND (delusional disorder). Retrieved abstracts were screened according to the following criteria: delusional disorder (ICD, DSM), studies in English, German, French or Spanish, reporting a biological measure on dopamine and serotonin systems, exclusively in delusional disorder. Case reports were excluded.
Results.– A total of 579 studies were retrieved, from which 11 were included. Dopamine hypothesis ($n = 9$): (1) Dopamine Receptor D1 (DRD1): no association; (2) DRD2: no association (A/a exon 6 and DRD2 Ser311Cys; $n = 3$) and association (DRD2 Ser311Cys; $n = 1$); (3) DRD3: association (Ser9Gly; Mscl polymorphism; $n = 2$); (4) DRD4: association (exon 1, exon 3; $n = 2$); (5) Dopamine Transporter Gene: no association ($n = 1$), (6) Tyrosine Hidroxylase: association ($n = 1$), and (7) pHVA levels: association ($n = 1$). Serotonin Hypothesis ($n = 2$): Tryptophan hydroxylase gene: no association (A218C, $n = 1$) and Serotonin Transporter gene: no association (5-HTTLPR; $n = 1$).
Conclusions.– Dopaminergic system seems to be linked to delusional disorder, whereas studies on the serotonergic system are inconclusive.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part IX

E-PP1091

Evaluation of polygenic risk score for schizophrenia among Northern Finland birth cohort 1966 data

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Background and aims.– Psychotic disorders, such as schizophrenia, are severe mental disorders that affect about 3% of the population. Generally, the heritability among psychotic disorders is considered high. Using polygenic risk score (PRS), it is possible to estimate personal genetic risk.
The aim of this study is to calculate PRS for schizophrenia and evaluate it among Northern Finland Birth Cohort 1966 (NFBC1966) data.
Methods.– The NFBC1966 is a large longitudinal and still ongoing birth cohort which consists of more than 12 000 cohort members born in 1966 in the Northern Finland.
The calculation of PRS is based on previous results of genome-wide association studies on schizophrenia. Information on psychotic disorders is based on nationwide registers. Previously found risk factors (gender, obstetric complications, maternal antenatal depression, unwantedness of a pregnancy, grand multiparity and child's viral central nervous system infection) for psychotic disorders were used as covariates.
Cox regression analysis (Hazard Ratios, HR) was used to estimate the association between PRS and psychotic disorder. Kaplan-Meier survival analysis (Mantel-Cox estimate) was used to estimate the incidence of psychotic disorders.
Results.– Genetic data was available from 5 363 (48.2% male; 51.8% female) subjects. From them, 3.7% ($N = 196$) was diagnosed with a psychotic disorder. When PRS increased, the risk (adjusted HR) for psychotic disorder was 2.82-fold (95% confidence interval = 1.55–5.12, $p = 0.001$). Those who had higher than the mean PRS were diagnosed with psychotic disorder more previously and frequently than the others (Mantel-Cox estimate: $\chi^2 = 10.4$. df = 1, $p = 0.001$).
Conclusions.– PRS for schizophrenia is a sufficient estimate of personal genetic risk for a psychotic disorder among NFBC1966.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1093

Relationship between vitamin D and nerve growth factor concentrations and its influence on schizophrenia symptoms expression

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Background and aims.– Although biological roles of Vitamin D seem to be numerous, amongst its most important ones are those involved in brain development/functioning and regulation of neurotrophic factors. Changes in expression of those factors are considered to be responsible for morphologic abnormalities, as well as for psychopathologic characteristics of schizophrenia.
The main goal was to investigate the association between the level of vitamin D and levels of several nerve growth factors such as brain-derived neurotrophic factor (BDNF), nerve growth factor (NGF) and neuregulin (NRG) and their possible influence on the psychopathology of schizophrenia.
Methods.– This research included 97 inpatients diagnosed with schizophrenia during the period of one year. Psychopathology of schizophrenia was assessed by PANSS. Vitamin D was determined using an immunochemical chemiluminescent method with (in vitro diagnostic) reagents, while BDNF, NRG1 and NGF growth factors were determined with the ELISA procedure.
Results.– We established that vitamin D levels positively affect NRG1 levels ($F = 8.583$; $p = 0.005$) but not the levels of BDNF and NGF. Furthermore, we did not observe an association between Vitamin D, BDNF and NGF levels and the symptomatology of schizophrenia measured by PANSS. However, significant association was established between NRG1 levels and positive symptomatology of schizophrenia ($F = 4.927$; $p = 0.030$).
Conclusions.– Vitamin D levels might indirectly influence schizophrenia symptomatology through its established direct association with NRG1 levels, which have been found to significantly affect positive symptoms of schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1094

Multi-center validation of the Russians version of the diagnostic interview for psychoses

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Background and aims.– There is still no absolute agreement among psychiatrists around the world regarding diagnostic criteria for schizophrenia and other psychotic disorders. The Diagnostic Interview for Psychoses (DIP) is used in many countries as the tool for diagnostic psychotic disorders.
The aim of the study was the adaptation of the Russian language version and evaluation of its validity and reliability.
Methods.– Ninety-eight patients with psychotic disorders were assessed by 7 interviewers using the Russian version of DIP. The inter-rater reliability (32 randomized cases) was compared with the researchers' DIP ratings. Overall pairwise agreement and Cohen's kappa were calculated. Diagnostic validity was evaluated on the basis of comparing the researchers' ratings using the Russian version of DIP with the 'gold standard' ratings of the same 62 clinical cases from the Western Australia Family Study Schizophrenia.
Results.– The Kappa statistic demonstrated level of agreement on the majority of DIP items (84.54%) and a significant agreement for the ICD-10 diagnoses generated by the DIP computer diagnostic algorithm ($\kappa = 0.68$; 95% CI 0.53,0.93). The level of agreement on the researchers' diagnoses was considerably lower ($\kappa = 0.31$; 95% CI 0.06,0.56). The agreement on affective and positive psychotic symptoms was significantly higher than agreement on negative symptoms ($F(2,44) = 20.72$, $p < 0.001$, $\eta^2 = 0.485$). The diagnostic validity of the Russian language version of DIP was confirmed by 73% of the Russian DIP diagnoses.
Conclusions.– The results of the study confirm the validity and reliability of the Russian version of the DIP for evaluating psychotic disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1096

Paliperidone palmitate 3-month formulation and sexual dysfunction in young schizophrenic patients

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Background and aims.– Introduction:Sexual dysfunction is a common side effect of antipsychotic medication and has the potential to increase medication nonadherence, especially in young people[1].
Objectives.– The main objective of this study was to determine the prevalence of sexual dysfunction in young schizophrenic patients treated with paliperidone palmitate 3-month formulation (PP3M).
Methods.– 12 outpatients younger than 35 (9 male and 3 female) were recruited. They met the DSM 5 schizophrenia criteria. They were being treated with PP3M in antipsychotic monotherapy and without changes in pharmacological treatment in the last 4 months. We used the Psychotropic Related Sexual Dysfunction Questionnaire (PRSexDQ) to assess the sexual dysfunction. The overall score ranges from 0 (no sexual dysfunction) to 15 points (maximum sexual dysfunction).
Results.– The prevalence of mild and moderate sexual dysfunction was 33.3% (4 patients) and 16.6% (2 patients), respectively. Among those with mild sexual dysfunction, 100% accepted this sexual dysfunction well, did not interfere in their relationship, and had not thought of discontinuing treatment. However, those patients who had moderate sexual dysfunction, 50% did not accept this sexual dysfunction well, and thought about quitting treatment. The prevalence of sexual dysfunction was higher in those patients who were under treatment with pharmacological polytherapy.
Conclusions.– In our study we found that only moderate sexual dysfunction had an impact on adherence to treatment. The low prevalence of moderate sexual dysfunction that we found in our sample, makes us think that this may be another reason to enhance the adherence of patients treated with PP3M.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1097

Analysis of prosocial networks in patients with schizophrenia

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Background and aims.– Process of social support plays a key role in overcoming stressful and problematic situations and increases effectiveness of treatment for patients with schizophrenia.
We examined 168 patients with paranoid schizophrenia (97 men and 71 women) aged 23 to 45 years ($34{,}1 \pm 0.8$ years on average). Duration of observation was 2,7 years on average.
Methods.– Study of social support perception was carried out using the Multidimensional Scale of Perceived Social Support (MSPS) by G. D. Zimet.
Results.– Main social support networks, as factor of psychosocial therapy, are often family, friends, significant others. 55,9% of patients live in paternal family, where permanent conflict situations and family neuroticism, as well as violations of psychological adaptation, are present. 64,9% of patients did not consider social network of "family" to be a source of social support. Social network of "friends" in patients with schizophrenia was insignificant (26.2%), mainly due to disintegrative behavior of patients with emotional and voluntary disorders. Lack of affiliative personality traits did not motivate patients to form friendly alliances. Social network of "friends" as a structure of social support process, in fact, was devaluated. In social network of "significant others" in patients with schizophrenia, wife (28.6%), mother (39.8%), father (20.2%), husband (11.3%) were determined as donors of social support. Patients showed understanding that their own destiny in the future depends on help of "significant others", so they tried to find compromises in interpersonal relations.

Conclusions.– Revealed features can be used while developing algorithms of psychoeducational programs for patients with schizophrenia and their referential relatives.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1098

Features of social support perception in patients with schizophrenia

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Background and aims.– Improving the effectiveness of treatment for schizophrenia patients involves combined effect of psychopharmacotherapy and psychosocial therapy. As the latter ability of patients with schizophrenia to perceive social support may be considered. This integrated indicator shows priority relations with representatives of society (family, friends, significant others).
Aim.– Analysing characteristics of patients with paranoid schizophrenia in terms of their ability to perceive social support.
Methods.– We examined 168 patients with paranoid schizophrenia (97 men and 71 women) aged 23 to 45 years (34.1 ± 0.8 years on average). Study of social support perception was conducted using the Multidimensional Scale of Perceived Social Support (MSPSS) [Zimet, 1998].
Results.– According to "Family" subscale only 47 (27.9%) patients showed a 100% degree of expressiveness of social support perception; 54 (32.1%) patients - 75%; 29 (17.3%) patients - 50% and 10 (5.9%) - 25% of expressiveness. As for "Friends" subscale, only 33 (19.6%) patients experienced 100% degree of expressiveness of social support perception; 49 (29,1%) patients - 75%; 35 (20.8%) patients - 50% and 51 (30.4%) - 25% expressiveness of the sign. According to "Significant other" subscale 37 (22.0%) of patients showed 100% perception of social support; 66 (39.3%) patients - 75%; 42 (25.0%) - 50% and 23 (13.7%) patients - 25% expressiveness of the sign.
Conclusions.– Ability to perceive social support in patients with schizophrenia depends on degree of expressiveness of obligatory symptoms of schizophrenic round (autism, apathy, ambivalence), even disintegrative behavior with emotional and volitional flattening. Revealed features can be used to develop appropriate psychoeducational programs.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1099

Stable schizophrenia patients switched to paliperidone palmitate 3-monthly formulation in real life: impact on caregiver burden

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Background and aims.– REMISSIO was a prospective, single-arm, open-label, 52-week study conducted assessing effectiveness of paliperidone 3-monthly formulation (PP3M) in clinically stable schizophrenia patients in a naturalistic setting. This analysis examined caregiver burden.
Methods.– Patients with schizophrenia (age 18–50 years) were eligible if adequately treated with PP1M ≥4 months with a baseline Positive and Negative Syndrome Scale (PANSS) total score <70. Primary study outcome was the number of patients achieving symptomatic remission (SR) [Andreasen NC et al. *Am J Psychiatry*. 2005:162;441–449] at last observation carried forward (LOCF); secondary outcomes included caregiver burden, measured by the Involvement Evaluation Questionnaire (IEQ).
Results.– 159 caregivers completed ≥1 section of the IEQ. Of female participants, 61% had a male caregiver; of male participants, 61% a female caregiver. For participants with a caregiver, mean baseline PANSS total score was 4.7 points higher; Personal and Social Performance score 4.2 points lower. Most participants (74.8%) were part of the caretaker's household; 54.1% of caregivers had >32 hours/week contact with the relative/friend at baseline. 52.2% of caregivers were parents, 16.4% partners/spouses, 15.1% siblings. At baseline, mean (SD) IEQ total score was fair-to-moderate reducing significantly at LOCF endpoint by −4.02 (95%CI: −5.9, −2.1) points. Most improvement from baseline at LOCF endpoint was observed in the urging domain (mean change: −1.99 [95%CI: −2.9, −1.1]), followed by worrying (−1.65 [95%CI: −2.3, −0.9]), supervision (−1.12 [95%CI: −1.7, −0.5]), and tension (−0.3 [95%CI: −0.9, 0.3]) domains.
Conclusions.– Outcomes indicate that continued treatment of an already stable patient population with PP3M can significantly reduce the burden of their caregivers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1100

The effectiveness of metacognitive training for psychosis (MCT) in the ultra-high risk group (UHR)



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Background and aims.– Medicine needs a constant development. Innovative ideas and researches in psychiatry shapes proper approach to the patients. Schizophrenia, serve neurodevelopmental disorder, is still one of the biggest diagnostic and therapeutic challenge. It affects life of the patients significantly, influencing ability to work and live independently. Fast diagnosis and start of the treatment improves prognosis and makes life of the patients more comfortable. That's why many of current researches are focused on group of ultra-high risk patients. There are reports that CBT itself or combined with the psychopharmacology is effective in reducing prodromal symptoms or even stopping the development of a full-blown schizophrenia. Despite that it is still an expensive and difficult to access method of treatment. Data shows that the

group form of therapy, Metacognitive Training, is effective in the reducing some symptoms of schizophrenia.
Aim.– The appliance of MCT might be effective in reducing the symptoms and preventing the development of a full-blown disease in the UHR group.
Methods.– 200–300 people in UHR state (diagnosed with Structured Interview for Prodromal Symptoms) before and after the MCT are diagnosed with: STAI (State-Trait Anxiety Inventory), CISS (Coping Inventory for Stressful Situations) and MATRICS (Consensus Cognitive Battery).
Results.– We await that participation in MCT will reduce prodromal symptoms and level of anxiety in UHR group. We assume that it will improve cognitive functions (operative memory, executive functions, efficiency of attention) and help to develop more successful methods to cope with stress.
Conclusions.– MCT might become an effective method of treatment and support in UHR state.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1101

Extrapyramidal and depressive symptoms in first-episode psychosis during amisulpride treatment- the results of optimise study

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Background and aims.–
Introduction.– The first phase of the OPTIMISE study is a four-week treatment of first-episode psychotic patients with amisulpride.
Objectives.– The aim was to assess extrapyramidal and depressive symptoms in these patients before and after amisulpride treatment.
Methods.– The study involved 441 patients, 311 male, aged 25.2 + 5.2 years and 130 female, aged 26.9 + 6.6 years, with a previous use of antipsychotic drugs of less than 2 weeks during the preceding year and less than 6 weeks lifetime. Extrapyramidal symptoms were assessed by the UKU Side Effect Rating Scale and depressive symptoms were estimated by the Calgary Depression Scale for Schizophrenia (CDSS).
Results.– In 66,8% patients, the response to treatment was noted. At baseline, the frequency of extrapyramidal symptoms was: akathisia 14.5%; tremor 14.3%; akinesia 11.3%; rigidity 11.1%, dystonia 9.5%; hyperkinesia 3.9%. Some of them were more marked in women. There were no significant changes after amisulpride in responders to treatment, however, in non-responders, the frequency of akathisia, tremor, akinesia and rigidity significantly increased. The mean CDSS score at baseline was 4.5 + 4.6, correlated with the intensity of most extrapyramidal symptoms, and significantly decreased after treatment (2.8 + 3.8), more so in responders than in non-responders.
Conclusions.– The results suggest the relatively high intensity of extrapyramidal and depressive symptoms before treatment in these patients. After treatment in responders, no change in frequency of extrapyramidal symptoms and significant decrease of depressive symptoms was noted. In non-responders, there was an increase in extrapyramidal and less decrease of depressive symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1102

Personal-stigma in patients diagnosed with schizophrenia

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Background and aims.– People with a diagnosis of schizophrenia are one of the most stigmatized groups in society. Our objective was to comprehensively analyze personal stigma in patients diagnosed with schizophrenia.
Methods.– Data were obtained from 89 patients. Patients were assessed with: a sociodemographic and clinical questionnaire, the Discrimination and Stigma Scale, the Self-perception of Stigma Questionnaire for People with Schizophrenia, the Positive and Negative Syndrome Scale, the Calgary Depression Scale for Schizophrenia, the Global Assessment of Functioning Scale, and the Brief Social Functioning Scale.
Results.– 29.5% of the experienced stigma subscale variance was explained by age of onset and level of depression. 20.1% of the anticipated stigma subscale variance was explained by level of depression and gender. 27.3% of the overcoming stigma subscale variance was explained by level of depression and positive and negative psychotic symptoms. 35.8% of the self-stigma scale variance was explained by the level of depression.
Conclusions.– Personal stigma seems to be better explained by clinical dimensions, especially depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1103

Quality of life in recent onset of psychosis patients

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Background and aims.– Interest in Quality of Life (QoL) has been on the increase in the last couple of decades. Subjective QoL in psychosis is influenced by different factors such as psychosocial, personality self-factors and psychopathology. Our objectives were to study the effect that psychosocial, personality and clinical characteristics had on subjective Quality of Life (QoL) in recent onset of psychosis patients (ROP).
Methods.– Data for these analyses were obtained from 81 ROP patients. The Millon Clinical Multiaxial Inventory, the Positive and Negative Syndrome Scale and the World Health Organization Quality of Life Brief Scale (WHOQoL) were used to assess personality, symptoms and QoL.
Results.– Considering the different domains of subjective QoL measured by the WHOQoL our results showed that (i) 16.9% of the physical domain was explained by negative symptoms and narcissistic and depressive personality traits (ii) 15% of the psychological domain was explained by narcissistic and depressive personality traits (iii) and finally, 13.7% of the social domain was explained by negative psychotic symptoms and histrionic personality traits.
Conclusions.– Personality traits seem to play an important role in subjective QoL. Therefore, our results support the importance of integrated intervention approaches.

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

E-PP1104

Could unsaturated fatty acids affect cognitive performance? The relationship between polyunsaturated omega-6 fatty acids and executive function in schizophrenia patients and healthy controls

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Background and aims.– The membrane hypothesis links schizophrenia with abnormalities in the metabolism of phospholipids and PUFAs. Excessive blood levels of omega-6 and higher ratios of omega-6/omega-3 PUFAs could promote low-grade inflammation and brain-related dysfunction.
We examined schizophrenic patients and healthy controls with the aim of (1) assessing the plasma level of arachidonic acid (AA) omega-6 PUFA, and (2) exploring the relationship between AA with executive function and psychopathological symptoms in schizophrenia.
Methods.– The sample comprised 84 participants (56 patients who fulfilled DSM-5 criteria for schizophrenia and 29 healthy controls). Their plasma concentrations and daily food intake of AA were quantified. The Trail Making Test (TMT) was performed to asses executive function. PANSS scale was used to evaluate psychopathological symptoms in the patient group.
Results.– There was a relationship between TMT (part B) and AA plasma concentrations, moderate ($p < 0.05$; $r = 0.52$) in healthy individuals, and strong ($p < 0.05$; $r = 0.90$) in patients. In the patient group, AA plasma levels were correlated with the severity of negative symptoms ($p < 0.05$; $r = 0.32$), especially with a poor rapport and uncooperativeness. TMT (part B and the sum of part A&B) was positively correlated with blunted affect, motor retardation and poor attention. The study groups did not differ in AA plasma levels or PUFA intake.
Conclusions.– The results suggest that AA blood level may play an important role in cognitive performance, especially in persons with schizophrenia. Investigation of PUFAs levels and their metabolism could provide an opportunity for some schizophrenia patients to benefit from more personalized medicine.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1105

Use of paliperidone palmitate 3-month formulation in clinical practice: an extended study

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Background and aims.– Paliperidone Palmitate 3-month formulation (PP3M) shows a significantly longer time to relapse compared to placebo, and was non inferior to one-month formulation in terms of efficacy and safety. However, studies of longer duration are required. The aim of this study was to determine the effectiveness, safety and tolerability of the PP3M in outpatients with non-acute schizophrenia
Methods.– 30 outpatients with diagnosis of schizophrenia (DSM 5) that started treatment with PP3M were recruited.
On a tri-monthly basis, during a follow-up period of 24 months, were performed:
- Positive and Negative Syndrome Scale (PANSS)
- UKU Side Effect Scale
- Patient Satisfaction with Medication Questionnaire (PSMQ)
- Personal Social Performance Scale (PSP)

Efficacy values.– Percentage of patients who remained relapse free at the end of the 24 months (as defined by Csernansky).
Results.– 93.3% of patients remained relapse free at the end of the study.
Mean variations from baseline scores at 24 months were (-3.1 ± 3.6) on the PANSS and (4.11 ± 2.67) 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. 86.66% at 24 months)
The rate of adherence to treatment with PP3M after 24 months was 90%.
Tolerance to PP3M was high, and none of the patients discontinued their treatment due to adverse effects.
Conclusions.– We found that long-term treatment with 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.

E-PP1106

Prevalence of sexual dysfunction in young schizophrenic patients treated with aripiprazole one-monthly

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Background and aims.– One of the main causes of discontinuation of antipsychotic treatment is sexual dysfunction, especially in young people.
The main aim of this study was to determine the prevalence of sexual dysfunction in young schizophrenic patients treated with Arpiprazole One-Monthly (AOM)
Methods.– 12 outpatients younger than 35 (8 male and 4 female) were recruited. They met the DSM 5 schizophrenia criteria. They were being treated with AOM in antipsychotic monotherapy and without changes in pharmacological treatment in the last 4 months.

We used the Psychotropic Related Sexual Dysfunction Questionnaire (PRSexDQ) to assess the sexual dysfunction. The overall score ranges from 0 (no sexual dysfunction) to 15 points (maximum sexual dysfunction).
Results.– The prevalence of mild and moderate sexual dysfunction was 25% (3 patients) and 8.3% (1 patient), respectively. Among those with mild sexual dysfunction, 100% accepted this sexual dysfunction well, did not interfere in their relationship, and had not thought of discontinuing treatment.
The prevalence of sexual dysfunction was higher in those patients who were under treatment with pharmacological polytherapy.
Conclusions.– The prevalence of moderate sexual dysfunction in young schizophrenic patients treated with Arpiprazole One-Monthly was less than 10%. The low prevalence of sexual dysfunction with this long-acting injectable enabled to achieve higher adherence rates
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1107

Long-acting injectable aripiprazole: real world effectiveness. A 6-month follow up

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Background and aims.– Schizophrenia is a chronic disease with periods of remission and relapse. Antipsychotic drugs represent the mainstay of treatment for this disease. Long-acting injectable antipsychotics are an attractive alternative to their oral counterparts, since they increase patient adherence (1). Long-acting injectable aripiprazole (A-LAI) is the last active principle available in our country and its evidence is still limited. The objective is to determine the clinical efficacy and effectiveness of a sample of patients diagnosed with schizophrenia during a six-month follow-up.
Methods.– In our sample, 56 patients were recruited from two mental health devices in Santander area in Spain. All of them, under diagnosis of Schizophrenia and in conditions of clinical stability. Clinical efficacy measures (BPRS, SAPS, SANS, CGI), discontinuation rate and mean time to discontinuation due to any cause (effectiveness), quality of life (QLS), and secondary effects profile (UKU, BAS, SARS), were evaluated over six months.
Results.– Concerning CGI scale, 85.2% of patients showed a similar or improved clinical condition (with 59.3% of patients in improvement). Likewise, there was a statistically significant improvement in BPRS, SAPS, SANS. Only 6 patients (89.3% survival) discontinued the treatment. No statistically significant differences between the reasons for discontinuation. Likewise, there was no significant increase in the rate of emergence of akathisia or another extrapyramidal symptoms.
Conclusions.– The use of A-LAI treatment in patients stabilized with schizophrenia may improve adherence to treatment but also suggests potential improvements in terms of clinical efficacy and perception of quality of life with a high profile of tolerability and clinical safety (2).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1108

Vulnerability to stress in the first episode psychosis – preliminary results of the prospective study

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Background and aims.– Current findings suggest that changes of the hypothalamus-pituitary-adrenal (HPA) axis might be present in patients with first episode psychosis disorders.
Our aims were to assess the difference in response to psychosocial stress between First Episode Psychosis (FEP) patients in acute episode versus FEP patients in the phase of stabile remission.
Methods.– In the present study 45 FEP antipscyhotics naive patients were assessed using structured clinical psychiatric interviews, psychotic symptoms were assessed using Positive and Negative Symptoms Scale (PANSS), recent stress through Life Events Questionnaire (LEQ) and for biochemical assessment, samples of blood for cortisol, prolactin and insulin as well as samples of saliva for cortisol in both research phases. All participants were exposed to the Trier Social Stress Test (TSST).
We have analyzed distribution of frequencies between the groups for categoric variables through chi square test.
Results.– Our findings indicate a differences between patients in different research phases of salivatory cortisol measured in 5 time points during the TSST.
Conclusions.– Findings of our research support the correlations of exposure to chronic stress with onset of the FEP. In research and clinical settings it would be useful to be able to identify these vulnerable patients in order to prevent deterioration.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1109

Mobilization of peripheral blood stem cells and changes in the concentration of plasma factors influencing their movement in patients with chronic schizophrenia

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Background and aims.– In recent years, growing attention has been devoted to the search for biological markers of psychotic disorders. There are findings confirming the role of stem cells and factors affecting their mobilization in first episode psychosis.

The aim of this study was to evaluate the effects of stem cell mobilization and factors affecting it on cognitive performance and functioning of patients with chronic schizophrenia.
Methods.– The study included 60 patients aged 30-50, diagnosed with chronic schizophrenia (duration over 10 years), divided into two subgroups: deficit schizophrenia (30) and non-deficit schizophrenia (30), and 60 healthy controls without any psychiatric or neurological disorders, matched for sex, age and level of education. Symptom severity was assessed with the PANSS and MINI. Cognitive performance was assessed with the MATRICS Consensus Cognitive Battery. Patients had their blood drawn for laboratory tests (SDF-1, S1P, component cascade, VSEL and HSC).
Results.– Compared to the control group schizophrenia patients achieved scored lower in cognitive function tests. Correlation of the cognitive perfomance results with blood laboratory tests will shed some light on how blood stem cells and changes in the concentration of plasma factors influencing their movement may be involved in etiopathogenesis of schizophrenia by affecting neurogenesis.
Conclusions.– These findings may help to explore the role of stem cells and factors affecting their mobilization in chronic schizophrenia.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part V

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

E-PP1110

The prevalence, course and stability of negative symptoms in first episode schizophrenia. A prospective 12–15 year follow-up study

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Background and aims.– During last decades several studies on negative symptoms (NS) have been performed in first episode of schizophrenia (FES). However, long-term prospective investigations are rare.
Aims.– To determine the prevalence, severity and stability of NS in FES over the period of 12–15 years.
Methods.– This is a prospective study of a cohort of patients, hospitalised for the first time between 1998 and 2002. Patients were assessed one month after their hospitalisation (Time 1), and then subsequently 1 year later (Time 2), 4–6 (Time 3), 7–11 (Time 4) and 12 - 15 years after Time 1 (Time 5). Fifty six patients completed all of the follow-up assessments. Psychopathological status and NS were assessed with PANSS and the PANSS - Marder Negative Symptoms Factor Score (NSFS), respectively.
Results.– Negative symptoms were found in 44.6% at time 1, and in 51.8%, 62.5%, 62.5% and 58.9% at time 2, time 3, time 4 and time 5, respectively. The mean NSFS differed between time points ($P = 0.009$). There was an increase of symptoms' severity between time 2 and 3 ($P = 0.005$). At the individual patient level, the stability of symptoms ranged between 33.9%–58%. The symptoms present at all 5 assessments were found in 26.8% of the patients.
Conclusions.– Our study confirmed that the rate of NS is high, both at the early and the mid-term period after FES. The increase of NS after a short period of stabilization might be caused by insufficient community care of the patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1111

Systematic review of the prevalence of suicidal ideation and suicidal behaviour in delusional disorder

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Background and aims.– Suicide is a public health problem leading to a premature death worldwide. Mental illness has been associated with an increased risk of suicide, and previous history of suicide attempts has been identified as a robust risk factor in psychotic disorders. Few studies have paid close attention on delusional disorder.
Our goal was to examine the prevalence of suicidal ideation and behaviour in delusional disorder.
Methods.– A systematic electronic search was performed using PubMed, Scopus and PsycINFO databases (from 1980 to September 2018), according to the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) statement. The following search terms were used: (suicidal ideation OR suicidal behavior OR suicide) AND (prevalence OR incidence) AND (delusional disorder). Hierarchical inclusion criteria: delusional disorder (ICD, DSM), studies in English, German, French or Spanish. Case reports were excluded.
Results.– A total of 157 articles were initially identified. After the screening and selection processes, 10 studies were included: cross-sectional ($n = 5$), prospective ($n = 3$), retrospective ($n = 1$) and nationwide-register study ($n = 1$). Out of these 10 studies, 3 reported the frequency of suicidal ideation (Range: 1.98–47.31%) and 8 of suicidal behaviour (Range: 0–29.63%). Four studies compared rates between patients with schizophrenia and delusional disorder. Higher frequency of suicidal ideation was found in delusional disorder than schizophrenia (47.31% vs. 20.8%; $n = 1$) but similar rates of suicide attempts (Range: 0–29.63% vs. 10–35%; $n = 3$).
Conclusions.– Despite the higher frequency of suicidal ideation in delusional disorder, rates of suicidal behaviour may be similar to schizophrenia. The suicide phenomenon among this condition remains still understudied.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1112

Psychopatology in first episode psychosis: a comparative study

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Background and aims.– The term psychosis in the first psychotic episode (FEP) is purely descriptive, making no assumption to eti-

ology or prognosis. FEP is psychopatologically heterogeneous and entails great diagnostic uncertainty.
Psychopathological characterization and comparison between diagnostic groups of patients after FEP.
Methods.– Retrospective observational study with FEP patients admitted to the inpatient unit of the Psychiatry and Mental Health Clinic, São João Hospital Center, Oporto, Portugal between 2007 and 2017. Diagnosis was based on ICD-10 criteria (WHO, 1992). Sociodemographic variables and psychopathological symptoms were extracted from individual clinical processes. Psychotic symptoms were compared between three groups of patients: Group 1 - Schizophrenia, Schizotypal Disorder, Schizoaffective Disorder and Non-Organic Non-Specific Psychosis; Group 2 - Mental and behavioral disorders due to the use of cannabinoids, cocaine and multiple drugs; Group 3 – Bipolar Disorder, Severe Depressive Episode with Psychotic Symptoms, Persistent Delusional Disorder and Acute Transient Psychotic Disorder.
Results.– The study included 192 patients, 144 males with a mean age of 26.4 years. Kurt Schneider's first-order symptoms and negative symptoms were more prevalent on Group 1 and the difference between the 3 groups was statistically significant. Significant differences between the three groups were also found in some affective and prodromal psychotic symptoms.
Conclusions.– A careful and extensive psychopathological characterization of FEP patients is essential. Such approach could have an important impact on the treatment, prognosis and quality of life of patients, especially in patients with severe mental illnesses.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1113

Functioning in schizophrenia: comparison between six health professions

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Background and aims.– The International Classification of Functioning, Disability and Health (ICF) offers a framework for describing functioning and disability in any health condition such as schizophrenia. This study aims a) to identify the most common problems of patients with schizophrenia from the experts' perspective using the ICF, and b) to compare health professions in terms of ICF categories reported as relevant for describing functioning in schizophrenia.
Methods.– Six 3-round worldwide electronic-mail surveys, based on a consensus-building Delphi method, were independently conducted with psychiatrists, psychologists, nurses, occupational therapists, social workers and physiotherapists experienced in the treatment of individuals with schizophrenia. Experts were asked about the problems they commonly treat in patients with schizophrenia. Participation was able in five languages: Chinese, English, French, Russian and Spanish. Experts' responses were linked to the ICF system using stablished linking rules.
Results.– A total of 790 experts representing all six World Health Organization regions participated in the Delphi study, of whom 638 finished the third round. Health professionals identified a wide range of problems in functioning of persons with schizophrenia, specifically related to *Body functions* (e.g., attention), *Activities and participation* (e.g., interpersonal interactions), and *Environmental factors* (e.g., family support).
Conclusions.– This study has identified the most common problems of patients with schizophrenia from the experts' perspective. In general, the six different health professions coincide in most of the ICF categories reported as relevant for functioning in schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1114

Relationship between self-reporting memory impairment and brain volume in Korean first onset psychosis

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Background and aims.– The decrease of brain volume and cognitive dysfunction including memory have been known as major characteristics of patient with schizophrenia and first onset psychosis. Few studies examined the interaction between brain volume and memory in first onset psychosis. In the present study, we investigated the interaction between the brain volume and subjective memory impairment of first onset psychosis.
Methods.– Patients with first onset psychosis ($n = 34$) and healthy controls ($n = 34$) completed measures of structural magnetic resonance imaging, clinical assessments, and self-reported memory failures (Prospective and Retrospective Memory Questionnaire: PRMQ). A multivariate analysis of covariance, correlation, and moderated regression analyses were performed.
Results.– In the first onset psychosis group, volume of ventricle, amygdala, hippocampus, superior temporal gyrus (STG), and others were significantly lower and PRMQ score was higher than healthy control group. There was a significant group dependent moderation effect between the PRMQ score and the right STG (rSTG) volume. In first onset psychosis group, the PRMQ score negatively predict rSTG volume, while in healthy control group, this prediction was positive.
Conclusions.– Our results indicate that the awareness of memory impairment of themselves could impact on rSTG volume with opposite direction between first onset psychosis and healthy controls. In first onset psychosis, the awareness of memory impairment could induce the increase of rSTG brain volume. However, healthy controls showed decreased rSTG volume when they aware their memory impairment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1115

Impact of biological and psychological factors on the social functioning in schizophrenia and bipolar disorder patients

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Background and aims.– Even though previous studies have investigated social functioning in schizophrenia and bipolar patients, only a few studies have explored the impact of both psychological and biological factors on social functioning simultaneously. This study aimed to examine which factors significantly predict the social

functioning in patients with schizophrenia, bipolar disorder, and healthy controls.
Methods.– Twenty seven patients with schizophrenia and 30 with bipolar disorder as well as twenty five healthy controls completed measures of social functioning (Questionnaire of social functioning), neurocognition (verbal fluency), social cognition (basic empathy scale), and childhood trauma questionnaire (CTQ). For biological measurements, mismatch negativity (MMN) of the event-related potential and heart rate variability (HRV) were recorded for all participants. Pearson's correlation analysis and multiple hierarchical regression were performed to explore the impacts of these measures on the social functioning.
Results.– Childhood trauma was a significant predictor of social functioning in patients with schizophrenia ($\beta = -.488$, $p = .016$), while HRV significantly predicted social functioning in patients with bipolar disorder ($\beta = .486$, $p = .015$). Also, empathy and MMN significantly predicted social functioning in healthy controls ($\beta = .350$, $p = .046$, $\beta = -.528$, $p = .009$, separately).
Conclusions.– Our results suggest that the social functioning of schizophrenia, bipolar disorder, and healthy controls could be influenced by different biological and psychological factors. Specifically, early traumatic experiences and reduced HRV could negatively affect the social functioning of schizophrenia and bipolar patients, respectively. In addition, the effects of empathy and MMN on social functioning should be emphasized for healthy controls.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1117

Organic psychosis: CADASIL syndrome. A clinical report

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Background and aims.– Differential diagnosis is needed when there are acute psychiatric symptoms. At this point, we find it helpful to report the Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy, also known as CADASIL, a genetic disease (NOTCH3 gene), characterized by subcortical ischemic events, epilepsy, migraine, cognitive deficits and mood disturbance. The detection of this disease through molecular genetic tests is important since angiography and thrombolytic therapy is contraindicated because of the increased risk for ischemic events, so a preventive treatment is needed, as well as a further investigation for specific treatments including gene therapy.
Methods.– We report the case of a 22-year-old woman, who was hospitalized for the third time due to acute psychotic symptoms, related to a conflictive familiar situation without history of substance abuse. When the battery of tests for her evaluation was ordered, a magnetic resonance imaging was included because of the intense headaches she had. The brain imaging showed subcortical demyelinating and ischemic lesions in the temporal and frontal poles.
Results.– The symptoms accompanying the results of the neuroimaging, such as migraine and delusional ideation related to mood disturbance due to acute stress, suggested CADASIL syndrome, so we decided to include a genetic test focusing this case as a organic psychosis.
Conclusions.– The possibility of an organic psychosis even at a young age shouldn't be ignored. Organic psychosis is not easy to diagnose, so sometimes complementary tests, including neurologic and genetic tests, should be considered during the patient evaluation process.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1118

Improving physical health for those with severe mental illness

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Background and aims.–
Background.– In the past decades there has been focus on physical health in people with mental illness. A common cause of premature death in people with schizophrenia is cardiovascular diseases. Additionally, people with severe mental illness have a much shorter life expectancy than the general population. Overweight and obesity is a health problem leading to a higher risk of developing physical-co-morbidities, such as Type 2 diabetes, cardiovascular diseases and cancer. Furthermore, obese people may experience a poorer quality of life with stigmatization and studies have shown that they are less prone to remain on treatment with psychotropics.
Aim.– We aimed at reducing cardiovascular risk factors through a 2.5 years program in our clinical practice in non-selected patients with schizophrenia. Furthermore, we examined which characteristics were associated with a positive outcome.
Methods.– Our program used methods already proven effective in short-terms trials. The intervention was evolved from studies using active awareness, motivational interviewing, group sessions and staff role modeling. The intervention was aimed to be practical as a continuous part of treatment and care.
Results.– There were improvement in some of the variable we tested and these variables can be a proxy indicator for cardiovascular risk. The program was evaluated as suitable for implementation in daily practice.
Conclusions.– We considered the program to be succesfull.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1119

Abnormal causal connectivity of left superior temporal gyrus in drug-naïve first-episode adolescent-onset schizophrenia: a resting-state FMRI study

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Background and aims.– Functional brain abnormalities have been studied in AOS cases. However, the alterations of causal connectivity between brain regions in AOS remains unclear.
Methods.– Thirty-two first-episode drug-naïve AOS patients and 27 healthy controls (HC) were recruited for resting-state functional MRI scanning. The brain region with the between-group difference in Regional homogeneity (ReHo) values was chosen as a

seed to perform the Granger causality analysis (GCA) and further detect the alterations of causal connectivity in AOS. Both receiver-operating characteristic analysis and probabilistic neural network were applied to test the possibility of using abnormal brain connectivity for distinguishing cases from controls.
Results.– AOS patients exhibited increased ReHo values in left superior temporal gyrus (STG) compared with HC. Significantly decreased values of outgoing Granger causality from left STG to right superior frontal gyrus and right angular gyrus were observed in GC mapping for AOS. Significantly stronger causal outflow from left STG to right insula and stronger causal inflow from right middle occipital gyrus (MOG) to left STG were also observed in AOS patients.(Table 1, Figure 1) Based on assessments of the two strengthened causal connectivity of the left STG with insula and MOG, a cross-validated probabilistic neural network model could discriminate all patients from controls with remarkable accuracy at 94.9%. (Figure 2)
Conclusions.– Patients with drug-naïve first-episode AOS exhibit brain functional connectivity abnormalities in left STG. The alterations of directional connections in left STG may play an important role in the pathogenesis of AOS and serve as potential biomarkers for the disease.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1120

Cognitive rehabilitation and training with exercise for schizophrenia (cortex-SP): psychopathological and physical preliminary baseline outcomes

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Background and aims.– Currently available antipsychotic agents are effective drugs for the treatment of positive symptoms and the prevention of relapses. Nevertheless, there is a lack of effective drugs for the treatment of negative symptoms and cognitive impairment in schizophrenia (SP). Both domains of symptoms are the best predictors of functional status and quality of life of patients with SP. In addition, physical health care plays a major role in the management of SP due to the high cardiovascular risk and mortality associated with this disorder. The main purpose was to determine some key physical, physiological and psychopathological markers of health status in adults with SP.
Methods.– In this experimental study, 41 patients (42.5 ± 9.2 year old, 24% women) with SP were assigned to cognitive remediation (REHACOP program) and exercise training (combination of low volume high intensity aerobic interval training and resistance training) for a 20-week period. Both groups participated in these training sessions 3 days/week, 1 h/day.
Results.– The studied population showed overweight (27.9 ± 5.1), normotensive blood pressure values (120/69 mmHg), poor cardiorespiratory fitness (24.9 ± 8.3 mL·kg-1·min-1) and rest heart rate (80.2 ± 12.0 bpm) values, and 59% of patients were smokers (20 cigarettes/day). According to psychopathological parameters the average age of disease onset was 24 years old, moderately ill (measured with the clinical Global Impression Severity scale) and seven admission in hospital, and high severity of negative symptoms scales (PANNS, CAINS and BNSS).
Conclusions.– Psychopathological outcomes (both positive and negative symptoms), cardiovascular fitness and physical parameters (only in exercise group) are aimed to improve in patients with SP.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1121

Cognitive remediation and training with exercise for schizophrenia: cortex-sp study, a clinical trial

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Background and aims.– Cognitive deficits and negative symptoms in patients with schizophrenia (SP) are the most relevant factor in predicting functional outcome. Antipsychotics, however, have shown a lack of ability in addressing these symptoms. Cognitive remediation (CR) and exercise training (ET), separately, have demonstrated encouraging results of efficacy in improving these deficits. The main goals of the present clinical trial, are: (1) to determine brain related-structural and functional changes associated with CR and ET, and (2) to analyze the effectiveness of the two treatments on physical, psychological, cognitive and functional parameters.
Methods.– Patients with SP ($n = 150$) will be randomized into an active control group (occupational activities) or one of the two experimental groups (3 days/week): treatment with REHACOP program (in Spanish, COgnitive REHAbilitacion in patients with Psychosis), or ET combining low volume high intensity aerobic interval training and resistance training, during five months.
Results.– Physical (body composition), physiological (cardiorespiratory fitness and blood pressure), clinical, cognitive and biochemical parameters (including the *brain-derived neurotrophic factor*), as well as images by nuclear magnetic resonance will be measured and performed before and after the intervention.
Conclusions.– This challenging study expects to support current evidence of efficacy of both CR and ET interventions and will help to better understand the potential of non-pharmacological treatment for improving the functional outcome of people with SP.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1122

Psychotropic drug prescribing patterns for schizophrenic patients at the time of hospital discharge from acute inpatient setting: a five year comparison

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Background and aims.– Despite existing guidelines for schizophrenia treatment, prescription patterns are affected by different

factors. The objective of this study is to investigate psychotropic prescribing at time of discharge from an acute psychiatric inpatient unit of a university-affiliated hospital in Bulgaria and outline the changes over a five-year period (2011 – 2016).
Methods.– A total of 337 discharge summaries (164 in 2011 and 173 in 2016) for all patients diagnosed with schizophrenia (ICD-10 criteria) were retrospectively reviewed.
Results.– In 2016, similar to 2011, the majority of patients diagnosed with schizophrenia were discharged on antipsychotic monotherapy with a second-generation antipsychotic (SGA), respectively 111 and 113. Nonetheless, more patients were discharged on two antipsychotics in 2016 ($p < 0.01$) with the number of patients receiving long-acting injectables (LAIs) being notably higher ($p < 0.01$). A LAI first-generation antipsychotic (FGI), zuclopenthixol decanoate, was the upmost-prescribed antipsychotic in our 2016 data, compared to clozapine in 2011. Out of all patients prescribed LAIs in 2016, only 8(13.3%) received a LAI SGA. Risperidone was the most prescribed oral antipsychotic in 2016, closely followed by clozapine. An upward trend in the prescription of benzodiazepines and anticholinergics in 2016 was observed ($p < 0.01$), presumably coinciding with the increasing use of LAI FGAs.
Conclusions.– Our survey revealed to a large extent guideline-concordant prescribing patterns for patients with schizophrenia. A resurgence of interest in LAIs prescribing at discharge was noted. The almost ultimate use of oral SGAs compared to LAI FGAs has its probable explanation in the prior-authorization policies related to the prescription of LAI SGAs in our country.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1123

Health related quality of life and social functioning in patients with negative symptoms: a 12–15 year multi-follow-up study after first-episode schizophrenia

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Background and aims.– Negative symptoms (NS) may have an unfavourable effect on a long-term prognosis in first-episode schizophrenia (FES). However, long-term observations of FES patients are fairly rare.
This study aimed to determine quality of life (QoL) and social functioning of the FES patients over a fifteen year follow-up period and to compare QoL and social functioning in patients with and without NS.
Methods.– The sample consisted of 56 FES patients who were assessed one month after their first psychiatric hospitalisation (Time1), and then subsequently 1 (Time 2), 4–6 (Time 3), 7–11 (Time 4) and 12–15 (Time 5) years later. Negative symptoms were assessed with the PANSS - Marder Negative Symptoms Factor Score (NSFS), QoL and social functioning with WHOQoL and Birchwood Social Functioning Scale, respectively.
Results.– At all measurement points of the study patients with NS showed significantly worse social functioning and subjective QoL than those without NS ($P < 0.001$). In the group of patients with NS, the SFS and WHOQoL scores did not change significantly between Time 1 and Time 5 ($P = 0.913$) and ($P = 0.586$), respectively. In the group without NS the WHOQoL score also did not change ($P = 0.963$). However, there was a significant effect for time in the SFS score which was higher at Time 4 ($P = 0.036$).
Conclusions.– The study confirms an unfavourable long-term impact of NS on real-life functioning of FES patients. An absence of negatives symptoms increases chances for recovery.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1124

Levels of plasma uric acid in schizophrenia

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Background and aims.– Schizophrenia is a disorder that causes a high risk of premature death, a high occurrence of positive and negative symptoms and disorganized thoughts and behavior rendering a normal life in society difficult.
There is evidence of dysregulation of the antioxidant defense system in schizophrenia.
The purpose of the present study was to examine whether uric acid, a potent antioxidant, is reduced in the plasma of patients with schizophrenia.
Methods.– This was a cross-sectional case-control study conducted between June 2016 and July 2018 on antipsychotic-free schizophrenia patients compared to healthy controls. Patients were hospitalized at the psychiatric C department in Hedi-Chaker University-Hospital of Sfax. The diagnosis of schizophrenia was established according to DSM-5 criteria. The symptoms' severity was evaluated according to the positive and negative syndrome scale. Cognitive functions were evaluated according to the Montreal Cognitive Assessment scale.
The analysis of uric acid levels was performed using a colorimetric method by Cobas 6000 (Roche®)
Results.– This study included 45 patients and 100 healthy controls. The blood uric acid level was significantly lower in schizophrenia patients compared to controls. ($286{,}07 \pm 68{,}9$ mmol/l vs $315{,}8 \pm 65{,}6$ mmol/l; $p = 0{,}02$). There was a significant and negative correlation between uric acid levels and the severity of either negative and positive symptoms.
Positive and significant correlations were found between uric acid levels and body mass index.
Conclusions.– The present findings showed that plasma uric acid levels were significantly lower in schizophrenic patients than in normal control subjects, providing further support to the hypothesis that there exist in schizophrenia defects of the antioxidant system.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1125

Inflammatory status in antipsychotic free schizophrenic patients

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Background and aims.– Schizophrenia is associated with the activation of the immune/inflammatory system. C-reactive protein is an inflammatory marker of hepatic origin linked to metabolic and cardiovascular diseases and mortality in the general population. It may be associated with schizophrenia.
The purpose of the present study was to examine whether CRP is elevated in the plasma of patients with schizophrenia.
Methods.– This was a cross-sectional case-control study conducted between June 2016 and July 2018 on antipsychotic-free schizophrenia patients compared to healthy controls. Patients were hospitalized at the psychiatric C department in Hedi Chaker University Hospital (UH) in Sfax. The diagnosis of schizophrenia was established according to DSM-5 criteria. The symptoms' severity was evaluated by the positive and negative syndrome scale (PANSS). Cognitive functions were evaluated according to the Montreal Cognitive Assessment (MoCA) scale. The analysis of CRP levels was performed in the laboratory of Biochemistry in Habib Bourguiba UH in Sfax using an immunoturbidimetric method by Cobas 6000 Analyser (Roche®)
Results.– The sample consisted of 145 individuals: 45 with schizophrenia and 100 with no psychiatric disorder. The levels of CRP in the schizophrenia group were significantly increased compared to controls ($6{,}58 \pm 17$ mg/L VS $1{,}79 \pm 1{,}87$ mg/L; $p < 0{,}01$).
In antipsychotic-free patients, CRP level was positively correlated with the severity of the psychopathology as measured by PANSS. This relationship was especially notable for positive ($r = 0.19$, $p = 0.007$), but not negative symptoms ($r = 0{,}07$; $p = 0{,}29$).
Conclusions.– The elevation of CRP level is seen in drug-free chronic schizophrenia. However, studies with a larger sample size are required to confirm these results.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1126

The dietary pattern of patients with schizophrenia: preliminary results

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Background and aims.– Patients suffering from schizophrenia have reduced life expectancy compared to the general population, primarily because of earlier occurrence of cardiovascular disease. This condition can be explained through high rates of metabolic syndrome in these patients, with several risk factors for cardiovascular disease - abdominal obesity, atherogenic dyslipidemia, hypertension, and impaired insulin and glucose metabolism. Several epidemiological studies have suggested a cardio-protective role of the Mediterranean Diet. The aim was to investigate the quality of food habits in the population of patients diagnosed with schizophrenia.
Methods.– Ninety-five patients diagnosed with schizophrenia (51 male, mean age 46.11 ± 11.61) were included. A Short Mediterranean-diet questionnaire was used.
Results.– 61.1% of the subjects were tobacco smokers. Only 12.6% of subjects used olive oil in their diet, 67.4% had one meal with vegetables, and 80% one meal with fruit daily. 58.9% did not drink soda, while almost no subjects (2.1%) drank wine. Only 5.4% ate more than 3 meals with legumes per week. 40% of the participants did not eat any fish at all, while 46.4% ate fish only once per week. There were no statistically significant differences between the genders in eating habits.
Conclusions.– Our results found that people suffering from schizophrenia had bad dietary habits, which is in line with the findings of prior research. It could be plausible that these dietary habits may be a cause of higher incidence of metabolic abnormalities
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part VI

E-PP1127

Gut permeability: a possible origin of low grade inflammation and redox dysregulation in schizophrenia



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Background and aims.– Oxidative damage and inflammation are known to be involved in the pathogenesis of schizophrenia, however, their origins remain obscure. We hypothesise that increased gut permeability, induced by environmental triggers, leads to increased levels of inflammation markers and redox imbalance. These disruptions in homeostatic mechanisms induce neurotransmitter imbalances and, as a result, cause psychotic symptoms.
The objective of this study was to find relationships between redox state and markers of inflammation and gut permeability in schizophrenia patients.
Methods.– Antioxidants (CAT, GPx, SOD-1, GR, GSH, TAC and FRAP) and inflammatory/gut permeability markers (IL-6, hsCRP, sCD14, ASCA, AGA IgG/IgA) were estimated in blood plasma in 98 patients who fulfiled DSM-5 criteria for schizophrenia. Clinical data including the duration and course of the illness were also collected.
Results.– The duration of illness was inversely related to CAT and SOD-1 levels, and positively related to GR and TAC levels. Both the number of psychotic episodes and the number of hospitalizations were negatively related to CAT and SOD-1 levels, and positively related to GSH and TAC levels. A negative relationship between hsCRP and SOD-1 levels was found. An inverse relationship between ASCA and GSH levels was observed while a positive relationship between IL-6 and CAT levels was noted.
Conclusions.– This study suggests that oxidative stress and inflammation are associated with the pathogenesis and/or aetiology of schizophrenia. Increased gut permeability is the proposed trigger for redox and immune imbalances. Further research is needed to determine the potential mechanism and causal link explaining this phenomenon in psychiatric patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1129

Representations of pathological bodily sensations in delusional infestation and skin picking disorder

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Background and aims.– Delusional infestation (DI) and skin picking disorder (SPD) are primary psychiatric disorders with complaints of pathological bodily sensations and skin-focused self-destructive behavior due to delusional beliefs or obsessive-compulsive/impulse-control pathology. Psychological components of these disorders are discussed because of the subjective severity of unpleasant bodily sensations.
Objectives.– to investigate representations of pathological bodily sensations in DI and SPD.
Methods.– 33 patients with DI and 30 patients with SPD participated in the study. Patients completed The Hospital Anxiety and Depression Scale (HADS). The psychosemantic method "Classification of sensations" was used, patients were asked to select bodily sensations in general and associated with disease from 80 descriptors: skin ("itch"), inner body ("sickness"), receptor ("hairy"), emotional ("anxiety"), dynamics ("exhaustion") and attitudinal ("badly") descriptors. Mann-Whitney U-Test and Fisher's exact test were applied.
Results.– Scores on HADS-anxiety were significantly higher in DI (U = 305,5; $p = 0{,}009$). Although there were no significant differences on HADS-depression, more scores of sub-clinical and clinical depression were in DI comparing to SPD. Among bodily sensations in general patients with DI chose more frequently ($p \leq 0{,}05$) skin ("tickle"), receptor ("hairy") and attitudinal ("torturously") descriptors. Associated with disease skin ("motion"), receptor ("flash"), attitudinal ("exhausting") and emotional ("devastation") descriptors were chosen more frequently ($p \leq 0{,}05$) in DI that demonstrated greater importance of unpleasant bodily and receptor sensations.
Conclusions.– Representations of bodily sensations with correspondence to intensity of anxiety/depression states differ in psychodermatological disorders which allows to discuss its distortion in DI as an increased attention to painful sensations and an attribution of external processes to bodily experience.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1133

Homocysteine levels in schizophrenia correlate with smoking status

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Background and aims.– Patients with schizophrenia have higher plasma homocysteine levels than controls. Smoking in schizophrenia is at least two to three times more than that in the general population. We investigated the relationship of plasma homocysteine levels with smoking status in schizophrenia.
Methods.– 90 patients with schizophrenia (32 females, mean age = 42.91 years, SD = 10.1) were recruited during an exploratory cross-sectional genetic study. Total homocysteine serum levels were determined quantitatively by fluorescence-polarization immunoassay. Linear regression analysis examined the effect of smoking status on plasma homocysteine levels in patients with schizophrenia and the separate effect of number of cigarettes smoked on plasma homocysteine.
Results.– Mean plasma homocysteine levels in patients were 17.44 (SD = 9.46) μmol/lt. 62 patients were smokers and 23 non-smokers (72.94% percentage of smokers). Smokers and non-smokers had mean homocysteine levels = 19.08 (SD = 11.14) μmol/lt and 13.87 (SD = 4.48) μmol/lt, respectively. Smoking status was significantly associated with homocysteine levels ($B = 5.204$, 95% CI = 0.433, 9.974, $t = 2.169$, df = 83 $p = 0.033$) and explained 5.4% of the variance of homocysteine levels in patients with schizophrenia. Smokers had 5.2 μmol/lt higher homocysteine levels than non-smokers. However, the number of cigarettes smoked did not significantly predict homocysteine levels.
Conclusions.– Smoking status is correlated with homocysteine levels in schizophrenia, but the effect of smoking does not seem to be dose-dependent.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1134

Suicidal behaviour and hopelessness in patients with schizophrenia and akathisia

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Background and aims.– High risk of suicidal behavior in patients with schizophrenia is associated not only with the symptoms and signs of the disorder, comorbid depression, but also with adverse effects of antipsychotic therapy.
Objectives.– Determining the relationship between parasuicides in the anamnesis, hopelessness, akathisia, and key clinical characteristics of patients with schizophrenia.
Methods.– 71 patients with schizophrenia were examined (37 men (53%) and 34 women (47%)) using Barnes Akathisia Scale (BAS), Beck Hopelessness Scale (BHS), and PANSS. The BAS was used to divide patients by presence or absence of akathisia. Statistical analysis was performed using Pearson's X^2, and Mann–Whitney U test to compare independent samples and Fisher's exact test to compare small samples.
Results.– Prevalence of parasuicide in the anamnesis was 36.6%, akathisia – 38.1%. It has been established that parasuicide occurred more often in people with an early onset of schizophrenia ($p = 0.0056$). Similar results were obtained depending on the absence or presence of akathisia ($p = 0.022$). The link between parasuicides and akathisia was not found. Patients with akathisia significally had the same number of points according to BHS as patients without akathisia ($p = 0.368$), and the level of negative outlook on their own future in both group was characterized by mild hopelessness.
Conclusions.– Constant or occasional feeling of inner restlessness impairs patient's health but doesn't have a significant effect on the negative attitude towards his/her own future. The obtained data indicate a huge contribution of clinical characteristics in compar-

ison with iatrogenic to the origin of suicidal behavior of patients with schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1135

Metabolic syndrome in patients with schizophrenia receiving atypical antipsychotics

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Background and aims.– Patients with schizophrenia are at high risk of metabolic syndrome development. Its main criterion is abdominal obesity which has two components: visceral and subcutaneous.
Objectives.– to assess changes of the weight and indicators of the fat content in the organism of patients with schizophrenia receiving atypical antipsychotics, between groups with and without metabolic syndrome.
Methods.– 116 patients with schizophrenia were examined, they were divided into two groups with ($n = 47$) and without ($n = 69$) metabolic syndrome according to criteria of IDF. The anthropometry in two measures with interval of 4 weeks was carried out: measuring the height and weight with calculation of the body mass index (BMI), identification of total and visceral fat with use of non-invasive bioimpedance analysis, subcutaneous fat with calculation of total adipose tissue with the use of caliperometry. Statistical analysis was conducted using Wilcoxon signed-rank test.
Results.– In the group with metabolic syndrome no statistically significant differences of changes in indicators of BMI ($p = 0.1921$), fat content in the organism ($p = 0.6943$) visceral fat level ($p = 0.5408$) were revealed. Only total adipose tissue underwent statistically significant change ($p = 0.0115$). In the group without metabolic syndrome statistically significant changes across all indicators were noted: $p = 0.0007$, $p = 0.0013$, $p = 0.0113$ and $p = 0.0087$, respectively.
Conclusions.– With regard to growth of all indicators of fat component of the body content in patients with schizophrenia without metabolic syndrome it is necessary to use programs of prevention at the early stage of course of schizophrenia for the purpose of minimization of the risk of its development.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1136

Prader-Willi syndrome and 22q11.2 deletion syndrome - in search of a model for the immuno-inflammatory etiology of psychotic disorders

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Background and aims.– The contribution of immuno-inflammatory processes is widely described in the etiology of psychotic disorders and in the context of risk and clinical manifestation of schizophrenia spectrum disorders. Prader-Willi syndrome (PWS) is a rare genetic disorder associated with hyperphagia and monstrous obesity. 22q11.2 deletion syndrome (22q11DS), previously known as several separate conditions (CATCH22, DiGeorge Syndrome), is a cluster of congenital malformations with a variable presentation. Both syndromes constitute a group of ultra-high risk psychosis development.
The aim is to create a model for the research on the specificity of alterations in the immune system in combination with the analysis of their possible impact on cognitive functions in ultra-high risk psychosis groups.
Methods.– Groups of 20 children diagnosed with PWS, 22q11DS and healthy controls, aged 7-18, were taken under psychiatric and clinical evaluation. 10 ml of fasting blood samples were collected and biochemical and inflammatory parameters were designated. Cognitive functions were evaluated using the Wechsler Intelligence Scale.
Results.– The frequency of up to 60% of the occurrence of schizophrenia or other psychiatric disorders in patients with both PWS and 22q11DS is described, depending on the research. Preliminary results of the studies on the specificity of immunological and inflammatory factors present in PWS and 22q11DS in correlation with the results of cognitive functions of patients will be presented, along with the characteristics of mental disorders accompanying the respective syndrome.
Conclusions.– We hope this study will broaden the knowledge about both immuno-inflammatory etiology of schizophrenia and psychiatric conditions in rare genetic disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part VII

E-PP1137

Physical health multimorbidity and its association to mortality rates in people with schizophrenia spectrum disorders

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Background and aims.– Physical diseases play a significant role in the premature mortality observed in people with schizophrenia spectrum disorders (SSD). Despite an increasing awareness of individual diseases impact on mortality in patients with SSD, no studies have investigated the effect of physical multimorbidity (> two or more physical diseases in the same individual) on mortality. The objective is to investigate the prevalence of different combinations of physical disease systems and the association with mortality in people with SSD.
Methods.– We conducted a retrospective cohort study using data from South London and Maudsley. The cohort included all people with a diagnosis of SSD (ICD-10: F20–F29), who had contact to secondary services between January 1, 2011 and December 31, 2012. Physical health conditions were ascertained from electronic patient records any time before follow-up. Follow-up started on

January 1, 2013, and ended on December 31, 2017. Cox proportional hazards regression and population attributable fraction (PAF) were calculated.
Results.– Among the 9,775 people with SSD, the most frequent co-occurring physical disease systems were neurologic-cardiovascular system (25%), neurologic-endocrine system (21%), and endocrine-cardiovascular system (17%). Combinations of disease systems with highest PAFs were neurologic-cardiovascular disease (PAF: 8.3%), neurologic-respiratory disease (PAF: 6.7%), as well as cardiovascular-respiratory disease (PAF: 6.1%).
Conclusions.– The current data showed a general increased mortality with different combinations of physical multimorbidity, which would appear higher than the established mortality risk of individual conditions. These findings suggest that people with SSD need to be carefully managed and treated for their physical conditions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1140

Happiness, psychological well-being and functionality in patients with schizophrenia

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Background and aims.– The goal of the comprehensive treatment of schizophrenia is to increase patient's functioning. Happiness results from the global balance of the positive and negative affects that mark the life of an individual. Our aim was to analyze the associated variables to Subjective Happiness in patients with schizophrenia.
Methods.– Observational, analytical, transversal design, case-control type. A group of 46 patients with DSM-5 schizophrenia and 85 healthy controls were assessed in Subjective Happiness, Well-being, Satisfaction with Life, Functioning, Symptomatology and Cognition.
Results.– Patients with schizophrenia had a mean age of 43.2 years, with 7.3 previous episodes and a mean age of onset of 24 years. They presented the following symptomatology: PANSS total 61.4, PANSS positive 14, PANSS negative 15.6, PANSS general 31.8 and HAM-D 8.1. Patients had lower scores on the Happiness scale (SHS 4.30 vs 5.45, $p < .001$), Psychological Well-Being (SPWB, 145.8 vs 154.1, $p < .001$), Satisfaction with Life (14.2 vs 19.5, $p < .001$), and presented worse Functionality (FAST 20.3 vs 5.8, $p < .001$). Patient's Subjective Happiness correlated with Functionality (P.374, $p = .001$) and with the general PANSS (P .295; $p = .04$), not with the total PANSS, nor with the disease awareness (SUMD), performance in general cognitive tasks nor in social cognition.
Conclusions.– The subjective perception of Happiness and Psychological Well-Being of patients with schizophrenia is related to their functional capacity. The most related clinical dimension are the general symptoms (anxiety, somatic symptoms and mood symptoms), rather than the positive, negative and cognitive symptoms of the pathology
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1141

A cross-sectional relationship between cardiovascular risk factors (CVD risk) and socioeconomic status (SES) in patients with severe mental illness (SMI)

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Background and aims.–
Introduction.– Studies show an association between low SES and high CVD risk, with low SES leading to poor health, and low SES in patients with SMI. The relationship between SES and CVD risk factors in individuals with SMI has, however, not been studied.
Objectives.– To investigate the prevalence of risk factors in patients with SMI, adjusted for age and gender, and to estimate the association between CVD risk and SES in patients with SMI.
Methods.– Cross-sectional models and linear or multiple regression analyses will be used to test the association between SES, CVD risk factors and SMI in a cohort of in- and outpatients in Norwegian specialized health care. Baseline data from two multicenter intervention studies are included; "Healthy heart" and "A cluster randomized study on implementation of guidelines and evidence based treatments of psychoses". Factors affecting SES such as educational level, habitation and occupation were gathered through questionnaires. CVD risk was calculated through measurements of blood pressure, cholesterol levels and levels of blood glucose as well as smoking habits, nutrition and physical activity.
Results.– The study included baseline information sampled from 227 + 32500 patients at ten Norwegian hospitals. Analyses are ongoing, and results will be presented at the conference.
Conclusions.– The study included baseline information sampled from 227 + 32500 patients at ten Norwegian hospitals. Analyses are ongoing, and results will be presented at the conference.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1142

Family factors related to admission to an acute psychiatric hospital in Sligo, Ireland. A prospective study

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Background and aims.– With the shift from deinstitutionalization to community care in psychiatry, relatives of persons with chronic mental health illnesses has had to take over the role as primary caregivers. Complicated relationships have been observed between the course of the illness and the patient's family environment; and the aim is to find out prognostic factors including family factors for readmission to hospital.
Methods.– A prospective, observational cohort study evaluating family functioning in patients measured at baseline and followed over a one-year period after recruitment, or earlier if admission to the hospital. Sample size consisted of 121 patients from community who consented to participate in this study.
Inclusion.–
1. patients diagnosed according to or ICD-10 for schizophrenia, schizoaffective disorder or bipolar disorder.
2. age 18 years or older

Measurements/scales:
1. Family assessment device (FAD),

2. Perceived Criticism (PC),
3. Brief Psychiatric Rating Scale (BPRS),
4. Global Assessment of Functioning (GAF)
5. Social Support Questionnaire-6 (SSQ-6).
6. Demographics: age, gender, education level, years since first diagnosis and previous admissions was collected.

Methods of analysis.– Descriptive statistics, and regression analysis performed with outcome variable of admission and predictive variables for the rest.
Results.– Significant differences were found for in terms of age, BPRS, FAD score and SSQ total satisfaction level. Those who were re-admitted to hospital were more likely to be of younger age with a higher BPRS score, with less social satisfaction and disturbed family dynamics.
Conclusions.– Understanding these factors provides further evidence to the importance of promoting better family functioning through modified family dynamics, integrating and involving family into the care of such patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1143

To compare the quality of life among patients with schizophrenia and major depressive disorder - a cross sectional study

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Background and aims.– The association of symptom severity with quality of life (QoL) among patients with mental illness remains unclear. We aim to compare QoL and examine the associations of symptoms severity with QoL among patients with schizophrenia and MDD.
Methods.– 203 outpatients with schizophrenia and 185 outpatients with MDD participated in this study. Five-factor model of Positive and Negative Syndrome Scale (PANSS) was utilized to assess the severity of symptoms among patients with schizophrenia and Personal Health Questionnaire-8 items (PHQ-8) was utilized to assess the severity of depressive symptoms among patients with MDD. QoL score was collected via 36-item Short Form Survey Instrument (SF-36). QoL scores among participants with schizophrenia and MDD was compared using ANCOVA. Associations of patient symptoms with QoL were analyzed by multiple regression analyses.
Results.– Compared to patients with MDD, patients with schizophrenia reported better Mental Composite Scale (MCS), and a trend towards better Physical Composite Scale (PCS). Among patients with schizophrenia, positive factor, negative factor and depressive factor scores were significantly associated with MCS and no factors were associated with PCS. Among patients with MDD, depressive symptoms were significantly associated with both MCS and PCS.
Conclusions.– Patients with schizophrenia reported better QoL compared to patients with MDD. Patients' mental health, but not physical health, reflected the severity of psychotic symptoms among patients with schizophrenia. However, both mental health and physical health reflected the severity of depressive symptoms among patients with MDD. The research adds to the understanding of symptom severity and QoL among patients with mental illness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1144

First psychotic episode in a female taking dietary supplement cocktail

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Background and aims.– People's interest on dietary supplements, as a way to improve health and well being, has been increased all over the years. The easy accessibility of these "natural" products makes important that the physicians keep aware of the virtual side effects and interactions resulting of the use of dietary supplements. The clinical case we present emphasizes the value of identifying potential interactions and side effects in a patient taking multiple supplements simultaneously.
Methods.– Patient's clinical record and literature review.
Results.– A 54-year-old female was admitted at the psychiatric department, after being lead to the emergency for exhibiting behavioral alterations for the past two months, including increased speech output, sometimes with soliloquy and unfounded fears of being disadvantaged by third parties, along with almost total insomnia. The patient had no prior history of psychiatric disorder. She denied recreational use of tobacco, alcohol or any drugs. The physical study, including blood tests and CT-scan showed no alterations. The described symptoms coincided with the start of a "treatment" recommended by a "fortune teller", including: "Borututu tea (Cochlospermum Angolensis), Thyme tea, Cranberry tea, Probiotics, Chamomille + Passionflower + Valerian tea, Cherry pie + Corn bean + Pink ipê (Handroanthus impetiginosus) tea.
Conclusions.– The patient remained in recovery for 10 days, treated with: oral Paliperidone 6 mg, and oral Lorazepam 2,5 mg. She had favorable evolution. At the time of discharge had stabilized levels of anxiety, fluent speech. No changes in the content of thinking that may be configured as delusional. Regularized sleep cycle. Acquired partial criticism about the initial symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1146

Efficacy and safety of lurasidone in adolescents with schizophrenia: analysis of a 2-year, open-label extension study

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Background and aims.– To obtain long-term data on the safety and efficacy of lurasidone in adolescents with schizophrenia.
Methods.– Adolescents (13–17 years) who completed 6 weeks of double-blind (DB), placebo-controlled treatment with lurasidone were enrolled in a 2-year, open-label (OL) extension study in which patients were continued on lurasidone 18.5–74 mg/d or switched from placebo to lurasidone. Efficacy measures included the Positive and Negative Syndrome Scale (PANSS) total score (responder criteria, $\geq$20% reduction from DB baseline).
Results.– A total of 271 patients entered the 2-year extension study, of whom 42.4% discontinued prematurely. Mean PANSS total score was 93.5 at DB baseline, and 76.0 at OL Baseline. Mean change from DB baseline in the PANSS total score at weeks 52 (n = 189) and 104 (n = 156) was −32.4 and −34.3, respectively. Responder rates at weeks 52 and 104 were 92.1% and 91.0%, respectively. During OL treatment, the most common adverse events were headache (24.0%); and schizophrenia, anxiety and nausea (12.5%). Median

change in laboratory parameters from DB baseline to weeks 52 and 104, respectively, were: total cholesterol, −3.0 and +5.0 mg/dL; triglycerides, +11.0 and +14.0 mg/dL; and hemoglobin A1c, 0.0 and 0.0%. Mean change from DB baseline in weight at week 52 and week 104 was +3.3 kg and +5.0 kg, respectively (vs. expected weight gain: +3.4 kg and +5.7 kg, respectively, based on CDC growth charts).
Conclusions.– In adolescents with schizophrenia, long-term treatment with lurasidone was associated with continued improvement in symptoms of schizophrenia; minimal effects were observed on body weight, lipids, and glycemic indices.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part VIII

E-PP1147

Malondialdehyde in Tunisian patients with schizophrenia

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Background and aims.– There is accumulating evidence of altered antioxidant enzyme activities and increased levels of lipid peroxidation in schizophrenia. Evaluate Plasma malondialdehyde (MDA) levels in subjects with Schizophrenia (SCZ) and compare them to controls.
Methods.– This is a case-control study involving subjects with SCZ. The diagnosis was selected based on DSM-5 criteria, Psychological symptoms were assessed using the Positive and Negative Syndrome Scale (PANSS). MDA level was analyzed using colorimetric methods as well as in control subjects.
Results.– This study included 45 patients with SCZ (aged 37, 38 years ± 11, 28) and 100 controls (aged 33, 09 ± 9, 48). MDA was significantly increased in patients with SCZ compared to controls (p = 0, 018). MDA was positively correlated with the PANSS score (r = 0,208; p = 0,018), Using the binary logistic regression test, we found that increased MDA level was independently associated with the occurrence of SCZ (OR = 1,899; 95% IC = 1,217 – 2,965), A typical analysis of MDA concentrations in the plasma showed an area under the curve of 0, 70 ± 0,051 (95% confidence interval, 0,601 to 0,809) and a predictive threshold value of 1,717 μM. The sensitivity and specificity of the MDA found were 71, 8% and 51, 2% respectively.
Conclusions.– These results suggest that oxidative stress may be involved in the pathophysiology of schizophrenia, which may contribute to increased lipid peroxidation including plasma and erythrocyte concentrations in omega 3 and omega 6 may be disrupted, hence the interest to study the profile of fatty acids.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1148

The metabolic profile of antipsychotic-free schizophrenic patients

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Background and aims.– The high frequency of metabolic disturbances and their cardiovascular complications have become a major concern in the management of patients with schizophrenia. Our objective was to study the metabolic profile of patients with schizophrenia and without antipsychotic medication for at least three months.
Methods.– We carried out a case-control study, from June 2016 to December 2017, at the psychiatry "C" department of Hedi Chaker University Hospital. Patients with schizophrenia (SCZ), who had not taken antipsychotic medication for at least three months before admission, were included in the study.
Results.– Thirty nine patients and 90 controls were included in the study. The average age of patients and controls were respectively 37.87 ± 10,9 years and 35,03 ± 9.49 years. The body mass index (BMI) was significantly lower in patients than in controls (22.89 ± 4.14 kg/m2 vs 24.76 ± 2.98 kg/m2, p = 0.012). There was no significant difference between the two groups concerning: glycaemia, triglycerides and HDL-cholesterol. However, total cholesterol was significantly lower in patients (3.64 ± 0.64 mmol/L vs 4.3 ± 1.02 mmol/L; p = 0.003) and so was LDL-cholesterol (2.02 ± 0.55 mmol/L vs 2.67 ± 0.82 mmol/L; p < 0.001).
Conclusions.– Our results suggest that schizophrenia could be a protective factor against metabolic syndrome. Such a syndrome would rather be due to the antipsychotic medication than to the illness per se. Thus, we ought to carefully monitor our patients once we give them antipsychotics. Otherwise, we may do more harm than good.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1149

Smoking in patients with schizophrenia: a frequent addictive behavior

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Background and aims.– The addictive behaviors are common in patients with Schizophrenia (SZ) and dramatically worsen their outcome. Our study aimed to describe the epidemiology of addictive behaviors in patients with SZ.
Methods.– We conducted a cross-sectional descriptive study. It concerned all patients who first consulted the psychiatric department of the regional hospital of Gabes between 1st January 2010 and 31st December 2013. The data was collected using a pre-established evaluation sheet exploring the patients' data. The diagnosis of SZ was coded according to ICD-10 disease categories.
Results.– We counted 170 cases of SZ (10.6% among all patients consulting in our department). The median age was 34 years

(IQR = [28–42 years]). The sex ratio was 1.98. One hundred and eleven patients with SZ (69.4%) were single. The socioeconomic level was low for 136 (90.7%). Fifty-two schizophrenic patients (30.6%) had addictive behaviors: smoking (48 SZ, 28.2%), alcohol (1 SZ, 0.1%), smoking and alcohol (2 SZ, 1.2%), and psychotropic drugs abuse (1 SZ, 0.1%). Smoking was significantly more common among patients SZ compared to other psychiatric patients (29.4% VS 15.4%; OR = 0.43; $p < 10^{-3}$) and it was significantly more common among schizophrenic men compared to schizophrenic women (43.4% VS 1.8%; OR = 0.02; $p < 10^{-3}$). Patient outcome was not significantly different between smoking and non-smoking ($p = 0.84$).
Conclusions.– The reason for the high prevalence of smoking among schizophrenics is unknown, but is likely that smoking behavior in schizophrenia is a complex process, related to numerous interrelationships between the psychopathological, biochemical, and neuropharmacological aspects.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1150

Influence of adherence to therapy of patients with schizophrenic spectrum disorders on the frequency of hospitalization in psychiatric hospital

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Background and aims.– Studying the degree of adherence to therapy in patients with various clinical forms of schizophrenic spectrum disorders, assessing the effect of adherence to therapy on the hospitalization rate.
Methods.– The study included 100 patients undergoing inpatient treatment on the basis of the City Clinical Psychiatric Hospital of Tashkent, according to the diagnostic criteria for schizophrenic spectrum disorders according to ICD-10 (F21.0, F22.0, F23.0, F25.0). The age of patients from 18 years. Disease duration at the time of the survey was at least 1 year. The study used: The scale of assessment of compliance with the treatment regimen (MARS, Thompson et al., 1999).
Results.– At the first hospitalization, according to the patients themselves, only 37 people were aware of the need for maintenance therapy (37%), realized but did not follow the recommendations of the attending physician - 51 people (51%), did not realize and did not follow the doctor's recommendations - 22 people (22%). Within a year after the first hospitalization, 78 people (78%) were re-hospitalized (78%), of whom, against the background of non-compliance with drug therapy or partial non-compliance, 62 people (62%).
Conclusions.– Patients with schizophrenic spectrum disorders during the first year after the manifestation of the disease in most cases either did not comply with the regimen of drug therapy, or completely stopped taking the drugs, which is combined with a low level of awareness of the need for patients to continue therapy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1151

Demoralization in psychotic patients: association with benzodiazepine and positive symptoms

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Background and aims.– Demoralization is the state of mind of a person deprived of courage, disheartened, who experiences a sense of incompetence. It differs from depression due to lack of anhedonia. Recent studies have hypothesized that a Demoralization Syndrome (DS) could increase morbidity and mortality in schizophrenia.
The aim of present study is to investigate the prevalence of DS, and its association with clinical variables, in a sample of psychotic patients.
Methods.– The sample consists of 37 patients with a Psychotic Disorder diagnosed with Structured Clinical Interview-DSMV. The Demoralization Scale was employed to misure the Demoralization Index (DI). Depressive and psychotic symptoms were evaluated through: Patient Health Questionnaire-9 (PHQ-9); Positive and Negative Symptoms Scale (PANSS).
Results.– 51.3% of the sample showed a DS (DI > 24). No difference in DI were observed between subgroups based on medications prescribed ($F = 1.149$; $p = 0.344$): Antipsychotics ($n = 17$); Antidepressant and Antipsychotic ($n = 8$); Antipsychotic and Mood Stabilizers ($n = 9$); Antipsychotic, Antidepressant and Mood Stabilizers ($n = 3$). DI was instead higher ($t = 2.479$; $p = 0.018$) in patients who were taking benzodiazepines (54.1% of all sample). According to PHQ, 27% of patients ($n = 10$) suffered from depressive symptoms. t-test showed higher DI in this group respect to subjects with subtreshold depression ($t = 3.162$, $p = 0.003$). A positive correlation was found between PANSS Positive Symptoms and DI ($r = 0.451$, $p = 0.005$).
Conclusions.– In our sample DS is a relevant clinical component and it appears to be associated with more severe positive symptoms and prescription of benzodiazepine. DS in our patients is more common than depressive symptoms; however only future studies with enlarged sample could disentangle DS from depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1152

Anosognosia in schizophrenia

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Background and aims.– Anosognosia is the denial of illness or failure to appreciate one's deficits. Anosognosia is common in Schizophrenia with a prevalence of approximately sixty percent (60%). Numerous individuals diagnosed with Schizophrenia, lack awareness of and fail to recognize the signs, symptoms and consequences of their illness, which pose significant challenges to clinicians. In this poster, we discuss the barriers to effective treatment of a 49 year old female with Chronic Schizophrenia, noncompliance with psychotropic medications and over twenty (20) previous psychiatric hospitalizations, who presents at baseline with severe lack of insight into her condition.
The aim of this presentation is to present a case report and literature review of the prevalence of anosognosia in Schizophrenia and related neurobiological correlates, treatment considerations and prognosis associated with this condition.
Methods.– A search of PubMed and ResearchGate databases was employed to select various articles in peer-reviewed journals published in the past ten (10) years.
Results.– A review of the literature revealed that lack of insight correlates with smaller right dorsolateral prefrontal cortex volume,

reduced right posterior insula surface area and impaired connectivity in the anterior cingulate cortex and precuneus. Research has also demonstrated that anosognosia is a poor prognostic factor for functional recovery in Schizophrenia.
Conclusions.– The presence or lack of insight is an important predictor of outcome in Schizophrenia. It affects treatment adherence, relapse frequency, symptom remission and risk of violence. It is imperative that researchers and clinicians recognize the significance of treatment measures aimed at improving insight towards providing favorable outcomes in patients with Schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1154

"30 years inside her mind" - a case of a very long duration of untreated psychosis

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Background and aims.– The duration of untreated psychosis (DUP) is defined as the time from the emergence of the first psychotic episode until the initiation of the appropriated treatment. Studies worldwide have shown a large variation in the median DUP, from 4 to 26 weeks.
Our aim is to present a clinical case of a woman with schizophrenia, which was symptomatic for 30 years without any psychiatric treatment and to understand and reflect about what kind of factors could had played a role in such a long DUP in this case.
Methods.– Study, evaluation and treatment of the patient during her hospitalization. Systematic review of the literature, using PubMed and the following key-words: first-episode psychosis, schizophrenia, duration of untreated psychosis, factors.
Results.– It came to our knowledge that this patient had initiated delusional and hallucinatory symptoms in the beginning of 4th decade of her life, however she was able to maintain what the family considered to be an acceptable social behavior and functioning.
Conclusions.– The duration of DUP can influence the prognosis of schizophrenia and it can be influenced by several factors, including socio-demographic, socioeconomic, clinical and contextual circumstances, which should be measured. Considering the literature and developed studies, the explanations found possible for the longer DUP in this case can be the absence of disruptive behaviour, the fact that the patient was a single-person household and that she had an occupation for the majority of her life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1155

Relationship between psychosis and childhood traumatic experiences

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Background and aims.– The relationship between early traumatic events and the presence of psychopathology has been widely described. However, the study of the relationship between trauma and psychosis remains to be analyzed extensively.
The aim is to analyze the presence of traumatic events and their relationship with severity in people with psychosis as well as their comparison with a group of healthy controls.
Methods.– We selected 2 groups: healthy controls ($N = 100$) and people with a diagnosis of psychosis ($N = 107$). They were evaluated with the ETISR-SF scale (Evaluation of traumatic events before the age of 18). Cases were also evaluated with PANSS and suicide attempts were collected.
Results.– The results showed high prevalence and significant differences of emotional abuse, sexual abuse and physical trauma in psychotic patients compared with healthy general population, (psychosis: physical abuse 47.7%, emotional abuse 69.2%, sexual abuse 31.1% versus to healthy: 29% physical abuse, 35% emotional abuse and 19% sexual abuse). The presence of traumatic events was associated with worse scores in PANSS positive, especially in cases where there was sexual abuse or emotional abuse. No relationship was found between suicide attempts in psychotic patients and the presence of traumatic events.
Conclusions.–
1. The presence of traumatic events (physical punishment, emotional abuse and sexual events) is significantly greater in psychotic patients than in the general population.
2. The presence of traumatic experiences, such as emotional abuse and sexual abuse, is related to the presence of greater positive symptoms, and therefore to a worse prognosis

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

E-PP1156

Mindful disposition is linked to less hostile attributions in schizophrenia spectrum disorders

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Background and aims.– Attributional style is a core domain of social cognition that refers to the way one makes inferences about the causes of events. People with schizophrenia tend to perceive more intentionality and hostility in other people's behaviors in negative and ambiguous situations than do control groups. Some evidence suggests that mindfulness may modify the attributional style of non-clinical populations. However, no studies have explored the effect of mindfulness on clinical samples. Thus, the current study examines the association between mindful disposition, attributional style, and social functioning in a sample of people with schizophrenia spectrum disorders (SSDs).
Methods.– Twenty-three people with SSDs completed the Mindful Attention and Awareness Scale (MAAS), the Ambiguous Intentions Hostility Questionnaire (AIHQ), the Positive and Negative Syndrome Scale for schizophrenia (PANSS), and the Personal and Social Performance scale (PSP).
Results.– It was found that higher mindful disposition is linked to lower attributions of intention and hostility, and that the decrease in attributions is associated with better social performance (Fig. 1).

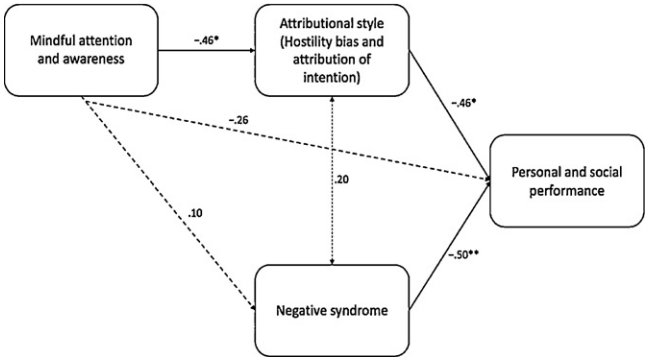


Figure 1. study of higher mindful disposition.

Conclusions.– This study concludes by discussing the lower disposition toward attributional bias displayed by patients with higher mindful disposition and the possibility that mindfulness training may modify the attributional style of people with severe mental illness. The limitations of the study are also indicated.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1157

Altered CRP and DHEAS serum levels in schizophrenia patients with metabolic syndrome

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Background and aims.– Changes in the hypothalamic-pituitary system and activation of the immune system play an important role in schizophrenia pathogenesis. At the same time, stress reactions and inflammation are predictors of the metabolic syndrome. Dehydroepiandrosterone sulfate (DHEAS) is a hormone reflecting the response to stress. C-reactive protein is a marker of inflammation. Objective of this research is to study variation of high-sensitivity C-reactive protein (hsCRP) and DHEAS concentrations in schizophrenic patients with metabolic syndrome (MetS).
Methods.– We identified schizophrenic patients with MetS by the IDF criteria, 2005. Concentration of high-sensitivity C-reactive protein (hsCRP) and DHEAS was identified with use of immune-enzyme analysis (Vector-Best and AlkorBio Russia). Statistical processing of findings was conducted with use of the program SPSS Statistic (V. 17.0).
Results.– The study included 97 persons with schizophrenia (mean age 37 ± 10 years, 51 women). Healthy controls ($n = 24$) included an age- and sex-matched cohort without known disease symptoms. The patients with schizophrenia were divided into two groups: patients with MetS ($n = 40$) and patients without this syndrome ($n = 55$). A significant increase in hsCRP concentration ($p = 0.007$) and decrease in DHEAS concentration ($p = 0.010$) were observed in schizophrenic patients with MetS in comparison to healthy individuals. In addition, we showed a statistical trend ($p = 0.057$) of decreased DHEAS concentration in schizophrenic patients without MetS in comparison with healthy controls.
Conclusions.– It can be assumed that there is an association between inflammation and stress in pathogenesis of schizophrenia and MetS.
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Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1158

Results of an integrative medicine and psychotherapy approach to patients with psychosis

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Background and aims.– Some patients with the diagnosis of a psychotic disorder wish to minimize or avoid medications. They are seeking a recovery model with the aim of maximizing independence and healing.
Methods.– We report qualitative and quantitative data on a group of 69 motivated adult patients with psychosis as a proof of concept study – that management with minimal or no medication is possible for some. Patients engaged in dialogical psychotherapy, medication management, and integrative medicine practices for at least six months. An additional 209 patients presented for treatment but did not continue for six months. An anonymous, matched comparison group of 69 patients was generated from electronic health records. We measured symptoms serially with the MYMOP-2, the Positive and Negative Syndrome Scale, the MADRS, the Clinical Global Inventory, and the BASIS. Narrative interviews generated qualitative data.
Results.– Of our 69 patients, 39 managed psychosis without the use of medication. Another 25 managed well on low-dose antipsychotic medications. Four individuals required progressively higher levels of medication and one decompensated. Our patients functioned at significantly higher levels than the comparison populations and at significantly lower levels of medication. The overall cost-benefit was favorable in creating fewer hospitalization, crises, and diminished suicidality.
Conclusions.– The results support the idea that motivated patients can engage in an approach that combines integrative medicine, psychotherapy, and conventional medication management in association with involvement of family and friends in a community effort and can recover without or with low doses of conventional medications. Not all patients can participate in such a program.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1160

Comparison of long-term antipsychotic use data from medical records and national prescription register

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Background and aims.– Prescription registers are increasingly applied to study long-term use of psychiatric medications. Information on drugs used during hospital care is missing from the registers. The aim of the current study was to compare cumulative amount of antipsychotics estimated from medical records and prescription register and effect of psychiatric hospital care on these estimates.
Methods.– The sample was based on the Northern Finland Birth Cohort 1966 including 54 individuals with psychoses. The data on defined daily dose years (DDDy) of antipsychotics was calculated

for years 1998-2009 independently from medical records and nationwide prescription register. Sample was divided to two groups based on psychiatric inpatient care during follow-up (100 or more days vs. others).
Results.– In the prescription database median (maximum) DDDy was 5.1 (37.7) and in medical records 6.2 (329.0). The median DDDy among those who had at least 100 days psychiatric treatment days during the follow-up ($n = 21$) was 8.8 in prescription register and 15.0 in medical records. Corresponding figures for others ($n = 33$) were 3.6 and 2.0. The Spearman's rank correlation for the two DDDy variables was 0.77 for those who had been hospitalized at least 100 days and 0.86 for others.
Conclusions.– This was the first study comparing prescription register and medical records regarding psychiatric medication use. Prescription register lack substantial amount of antipsychotics among those who have had long periods in psychiatric hospitals, whereas among those with less hospital days medical records lack information. Constructing accurate estimates of lifetime antipsychotics use require data both from medical records and prescription registers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1161

An association between self-disturbances and hallucinations in schizophrenia: a psychometric approach

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Background and aims.– From clinical observations, the first rank symptoms in schizophrenia (K Schneider) imply self-disturbances penetrating psychotic experiences. To date, there are no studies using psychometric tools to address the issue to what extend these association is present in patients with schizophrenia. In the current study, we aimed to assess the frequency of self-disturbances, measured by Self-disturbances Scale (SDS) and their association to auditory and visual hallucinations, measured with Questionnaire of Psychotic Experiences (QPE).
Methods.– SDS questions are formulated in accordance with Mayer-Gross criteria: experience is new/compelling (aberrant salience), reduced access/importance of autobiographical past, emotions occurring independently from self's volition, foreign agents having power over self. We administered the scale to a group of patients with schizophrenia ($N = 84$) and healthy volunteers ($N = 170$). Spearman correlations assessed the association between self-disturbances and hallucinations.
Results.– Patients with schizophrenia revealed substantially more self-disturbances as compared to healthy controls (total score differences, $Z = -5.83$, $p < 0.001$). The total score of SDS positively correlated with the AH score ($p = 0.006$) and VH score ($p = 0.006$). Total AH score correlated with the items of the self-scale such as novelty ($p = 0.037$), lack of control ($p = 0.047$), compelling with reality ($p = 0.048$), reflexivity ($p = 0.022$), and mental absorption ($p = 0.017$). VH score correlated with novelty ($p < 0.001$), intensity ($p = 0.005$), compelling reality ($p = 0.15$) and mental absorption ($p = 0.012$).
Conclusions.– The study identified a strong association between self-disturbances and hallucinatory experiences. A detailed psychometric approach allowed to identify the specificities of this association. Supported by the grant projects MH CR AZV 17-32957Aand MEYS NPU4NUDZ: LO1611.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1162

Scandinavian user perspectives on three-monthly administrations of antipsychotic medication

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Background and aims.–
Introduction.– Knowledge on user perspectives and experiences with long acting anti-psychotic injections is sparse. Studies tend to focus on user satisfaction or perspectives of health professionals.
Objectives.– The aim is to illuminate user experiences when switching from monthly to three-monthly injection with paliperidone palmitate (PPM3).
It is assumed that less frequent injections will affect adherence, perceived quality of life as well as levels of functioning and relations with family or social network. Furthermore, less frequent injections might also affect the number or character of contacts with mental health services and consequently also the identity as service user/patient and the perception of their illness.
Methods.– Multi-country study based on semi-structured research interviews with patients from Scandinavian countries suffering from schizophrenia. It is an ongoing study. Recruitment of patients continues until data saturation is met. Interviews are transcribed verbatim; main themes and patterns will be condensed and synthesized in a qualitative analysis.
Results.– Preliminary results indicate that most of the informants point towards increased levels of functioning due to this type of treatment. The three-month frequency seems to increase quality of life in terms of "increased autonomy". The treatment scheme also seems to reduce fear of relapse, and the feeling and experience of being ill is diminished. Number of contacts with mental health services seems not affected.
Conclusions.– The study illustrates that service users suffering from severe mental illnesses are quite willing to participate in research interviews, and to share their experiences.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1163

Can cluttering be confused with schizophrenia? A challenge for diagnosis and treatment

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Background and aims.– Cluttering is a fluency speech disorder, that involves excessive breaks in the normal flow of speech and

seems, to result from disorganized speech planning, talking too fast or in spurts or simply being unsure of what one wants to say. Cluttering often occurs along with stuttering. One of several diagnostic features of schizophrenia is an impairment of verbal communication which is described in psychpathology as formal thought disorder. Many symptoms have been described: circumstantiality, clanging, loose assosiation, distactible speech, flight of ideas, loss of goal, neologisms, perseveration, pressure of speech, stilted speech. It is often a symptom of mania, autism or use of psychoactive substances. The aim of the study was to present a case of a patient with cluttering who has been misdiagnosed and treated for schizophrenia.
Methods.– Case report
Results.– A 26-year-old male was admitted to the hospital with labile affect, socially inappropriate behaviour. The patient was diagnosed with schizophrenia six years before to his admission and has been receiving antypsychotic drugs and mood stabilizers. He did not meet the ICD-10 or DSM-V criteria of schizophrenia or bipolar disorder. During the initial evaluation the patient presented hyperactivity, high distractibility. He was extremely talkative, with several speech fluency disorders such us: rapid and irregular speaking rate, phonological errors, mispronaunciation, confusing and disorganized language.
Conclusions.– Massive verbal communication impairments, abnormal behavior and a decreasedability to understand reality led to a diagnosis of schizophrenia and antipsychotics became the primary modality of treatment. Documented pharmacotherapy was associated with a lack of adequate improvement.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part X

E-PP1165

Tardive dyskinesia in community dwelling patients with severe and enduring mental illness in Sligo area: frequency and associations

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Background and aims.– Tardive Dyskinesia (TD) is a form of involuntary repetitive muscle movements most commonly due to antipsychotic exposure. TD is irreversible for most patients and can reduce quality of life, lead to functional impairment, and affects compliance to treatment.
Evaluate the frequency and associations of TD in a cohort of patients who have chronic mental illness and on long term antipsychotics.
Methods.– Data extracted from database of patients who attended metabolic clinic. This includes demographics, diagnosis, and medication. Abnormal movements evaluated with the Abnormal Involuntary Movement Scale (AIMS).
Results.– Seventy-two participants, 40 (55.6%) males with mean age of 55.3 (SD: 13.2). Forty-three (59.7%) has diagnosis in the F20 ICD-10 category, 24 (33.3%) in F30 and 5 (7%) in others. New generation antipsychotics was prescribed in 56 (77.8%), typical antipsychotics in 10 (13.9%) and 6 (8.3%) none; while 14 (19.4%) had two antipsychotics and the rest were on monotherapy. No indication of TD on 45(62.5%) participants while 27 (37.5%) had identified with TD. TD was significantly more to those who is taking the old generation ($x^2 = 8.139$ df: 1, $p = 0.004$). After controlling for the other variables, (number of antipsychotics, years since the onset of the disorder, class of antipsychotics, ICD-10 Diagnosis, gender, number of admissions, and age), significantly independent predictors for the AIMS score were age ($t = 2.187$, $p = .032$) and class of antipsychotics ($t = 2.545$, $p = .013$)
Conclusions.– Advanced age and class of antipsychotics are more likely to be associated with TD independently of the diagnosis. However, newer generation antipsychotics cannot be exempted from the association with TD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1167

Verbal memory, executive function and working memory in cannabis user and nonuser patients with first episode psychosis

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Background and aims.– The implications of cannabis use in the cognitive symptoms of patients with first episode psychosis (FEP) remains uncertain (Arnold, 2015). Working memory, executive function and verbal memory are three of the neurocognitive domains most compromised in psychosis (Guimond, 2016; Knowles, 2015; Park, 2014). The present meta-analysis study aims to analyze the magnitude of effect of cannabis use on the executive function, verbal and working memory performance of patients with FEP.
Methods.– Manuscripts from the last ten years (2008-2018) were identified through extensive literature searches using six online electronic databases: PubMed, Sciencedirect, Web of Knowledge, Wiley Cochrane Library, PsycInfo (EBSCOHost) and Springerlink. Studies only focused in cannabis use were selected and studies on poly-substance use were excluded in order to avoid the influence of confounding variables. The examination of the full texts of the 110 studies led to the inclusion of 7 studies, with 14 independent samples (304 cannabis user and 369 cannabis nonuser FEP patients), and 52 effect sizes in the current meta-analysis. Standardized mean differences were computed for each cognitive domain between cannabis user and nonuser patients. We employed a meta-analytic three level model to combine effect sizes across studies.
Results.– Table 1 shows that there were not significant effects in any of the cognitive domains between the user and non-user groups.

Outcome variables*	k[1]	m[2]	n[3] CU[4]	n CNU[5]	β[6] (SE)[7]	95% CI[8]	t (*df*)[9]	p[10]
Executive Function	6	28	292	342	0.165 (0.283)	(-0.618, 0.949)	0.58 (4.06)	0.591
Verbal Memory & Learning	5	14	215	220	-0.005 (0.183)	(-0.400, 0.389)	-0.03 (13)	0.977
Working Memory	6	10	292	342	-0.037 (0.295)	(-0.800, 0.725)	-0.13 (4.92)	0.904

[1]*k*: number of studies that report information about the moderator variable; [2]*m*: number of effect sizes that report information about the moderator variable; [3]n: sample size; [4]CU: cannabis user group; [5]CNU: cannabis non-user group; [6]β: mean effect size; [7]SE: standard error; [8]CI: Confidence interval; [9]*df* = degrees of freedom; [10]*p*: significant p value (p≤0.005).

Table 1. Analyses of the effects of cannabis use in the domains executive function, verbal memory and working memory.

Conclusions.– Cannabis use is not related to the executive functioning, verbal and working memory of FEP patients. However, doses and different types of cannabis preparations may interfere the present results. Future studies may examine the extent of these moderator variables.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1168

Self-rated quality of life among adolescents experiencing cognitive-perceptive basic symptoms and cognitive disturbances

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Background and aims.– Basic symptoms (BS) are subtle, subjective, qualitative changes in mental processes. Two criteria for the identification of BS were developed: cognitive-perceptive basic symptoms (COPER) and cognitive disturbances (CODGIS). These criteria were recommended by European Psychiatric Association for psychosis risk assessment. BS have been mainly used in neurobiological studies of psychosis. The effect of presence of BS on daily and social functioning is still not well described. The purpose of this study was to examine if the COPER and CODGIS presence negatively influence the self-rated quality of life (QoL).
Methods.– Adolescents from general population in Prague were assessed by the Schizophrenia Proneness Instrument, the KIDSCREEN 52, and the KSADS.
Results.– The dataset for this interim analysis consists of 13 adolescents with COPER and CODGIS (8 female; 17.9 ± 0.9 y), 9 with only COPER (3 female; 17.3 ± 1.1 y), and 18 adolescents without BS (11 female; 17.6 ± 0.9 y). Groups did not differ in age ($F = 1.265$; $p = 0.29$) and sex ($\chi^2 = 2.203$; $p = 0.33$). Groups differed in current psychopathology ($\chi^2 = 7.135$; $p = 0.03$), post-hoc tests showed that COPER and CODGIS and COPER only groups differed ($p = 0.046$). The COPER and CODGIS group scored significantly lower in total KIDSCREEN52 score (effect size, Hedges' $g = 0.90$; $p = 0.03$), dimensions: Psychological Well-being ($g = 1.02$; $p = 0.01$), Parent Relations and Home Life ($g = 1.14$; $p = 0.008$), and School Environment ($g = 1.17$; $p = 0.009$) than group without BS. No other significant between group differences were found.
Conclusions.– The QoL among adolescents experiencing cognitive-perceptive basic symptoms and cognitive disturbances is lower than in adolescents without basic symptoms. Supported by projects 18-03125S and LO1611.
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E-PP1169

Coping, treatment motivation and psychosocial functioning in schizophrenia: testing mediator and moderator effects

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Background and aims.– Schizophrenia is characterized by impairments in motivation and coping as well as decrements in psychosocial functioning in major life areas. One important factor that has received increasing attention in schizophrenia is treatment motivation.
This study examined the nature of the relationships among treatment motivation, coping, and psychosocial functioning for persons with schizophrenia. Hypotheses concerning both mediator and moderator mechanisms were tested.
Methods.– 138 individuals diagnosed with schizophrenia were recruited as they were admitted to outpatient and inpatient psychosocial rehabilitation programs in Moscow-based psychiatric hospital. The following measures were used: measures of motivation were administered at baseline by testers blind to scores on other study variables; measures of coping (COPE, CERQ) and psychosocial functioning (PSP, EQ5D5L, SF36, Q-Les-Q-18) were administered at baseline. Data were analyzed using latent construct modeling to test for mediator and moderator effects.
Results.– There were strong bivariate relationships between coping, motivation, and psychosocial functioning. The results demonstrated that coping strongly mediated the relationship between motivation and psychosocial functioning. This mediation was evidenced by: (a) the direct path from motivation to functional outcome no longer being statistically significant after the introduction of coping into the model; (b) the statistical significance of the indirect path from motivation through coping to functional outcome. There was no support for the moderation hypotheses.
Conclusions.– Motivation influences psychosocial functioning through its relationship with coping. Coping is a critical mechanism for explaining the relationship between motivation and psychosocial functioning. Implications for the theoretical understanding and psychosocial treatments in schizophrenia are discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1172

Clozapine-induced priapism in a 40-year man with diagnosis of treatment-resistant schizoaffective disorder with no previous history of priapism on antipsychotics

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Background and aims.– Clozapine is effective in treatment resistant schizophrenia, and among the serious but rare side effects of clozapine is priapism, which is estimated < 1/10,000. Priapism is thought to be caused by blockage of alpha-1 adrenergic receptors. It is a urological emergency and can lead to permanent damage to the penis, and impotence.
We present a rare case of 40-year old gentleman with of refractory schizoaffective disorder with clozapine induced priapism.
Methods.– This is a case study.
Results.– Patient admitted to the psychiatric intensive care unit in May 2018 and currently inpatient. Since admission he has required eight episodes of seclusion due extreme agitation. He failed to respond to a number of antipsychotics, however, his mental state improved on the combination of zuclopenthixol, Valproic acid, clonazepam, and promethazine. Because of side effects of zuclopenthixol and preferring oral tablets, and past good response to clozapine; on 28th June 2018 he was commenced on clozapine, titrated to 300 mg/day within 14 days. He made marked progress after three weeks, however, on 21st July, exactly 23 days post clozapine he reported a prolonged, 12-hour painful erection. At the emergency department, clozapine-induced priapism was confirmed; patient received penile block and aspiration. Clozapine was immediately stopped.
Conclusions.– Patient refused to be re-challenged on clozapine, and currently is being treated with combination of Paliperidone, risperidone and Valproic acid, but remains depressed and with number of negative symptoms. The dilemma is what to do next, as patient is partially responsive to current treatment regime; to recommence him on clozapine or pursue alternative medications.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1174

Synthetic cannabinoid-induced psychoses in hospitalized patients: clinical characteristics and patient profile

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Background and aims.– As the classification of synthetic cannabinoid (SC)-induced psychoses is still a controversial issue, this study aimed to evaluate SC-induced psychoses in terms of patient profile and clinical characteristics with reference to their follow-up.
Methods.– A total of 46 male patients ($n = 46$; mean (standard deviation [SD]) age: 23.2 (3.5) years) diagnosed with psychotic disorder induced by the SC use who were hospitalized at the intensive care unit or emergency department of the Moscow Research and Practical Centre on Addictions of the Moscow Department of Healthcare were included in this single-centre, *longitudinal, observational cohort* study. The catamnestic follow-up period was up to 2 years.
Results.– We evaluated different clinical cases of SC-induced psychoses and identified four clinical types of them. Then we performed a catamnestic follow-up of patients to reveal the possible schizophrenic process manifestation in patients who use SC.
Conclusions.– Our findings revealed psychotic disorders to be a typical outcome for the SC intoxication. Psychotic disorders developing in SC intoxication associate with several nonspecific characteristics. In conclusion, we described the signs allowing determining a diagnosis of SC-induced psychosis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1175

Insight in SCH: correlation with executive functioning

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Background and aims.– Introduction: duration of illness and executive brain functions may be linked with level of insight.
Objective.– To establish a level of insight in subjects with schizophrenia and compare it with executive functioning, with regard of duration of illness.
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). All the patients were in clinical remission of illness. The level of insight was established with Self appraisal of illness questionnaire – SAIQ. Executive functions were assessed with Wisconsin card sorting test, and two subscales of Wechsler test of intelligence – WB-II "Similarities" and "Calculating".
Results.– Total insight score was 41.73 ± 7.99 which is equivalent to moderately impaired insight. Mean score on Wisconsin card sorting test (T score) was 33.88 ± 6.63, and represents moderate impairment of executive functions. Score on subscale "Similarities" was 10.30 ± 4.15 which is equivalent of average performance, and score on subscale "Calculating" was 6.8 ± 2.24 and indicates poor performance. Insight score on SAIQ was insignificantly correlated with T score on Wisconsin test (Pearson's $r = -0.243$, $p = 0.19$ for the group with shorter duration of illness, and $r = -0.030$, $p = 0.87$ for the group with longer duration of illness). Insight score was insignificantly correlated with score on "similarities" (Mann–Whitney test, $p = 0.177$), as well as score on "calculating" (Spearman's rho = 0.059, $p = 0.65$).
Conclusions.– No significant correlation of insight and executive functions were found. Further, longitudinal studies with larger sample size are needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1176

Treatment resistant schizophrenia: the effect of polymorphic variants *CYP2D6*4,*10*

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Background and aims.– About One third of patients suffering from schizophrenia are considered treatment resistant. Whereas CYP2D6 is only 2% of all cytochromes P450, it is involved in the metabolism of about 20% of drugs and especially psychotropic drugs. There is evidence that certain variants of the CYP2D6 gene are responsible for poor tolerability of antipsychotic therapy.
To investigate a predictive role *CYP2D6*4* and *CYP2D6*10* as biomarkers treatment resistant schizophrenia.
Methods.– 130 patients were included into the study, male (65,4%) and female (34,6%), in age from 18 to 60, with a diagnosis from category F20 according to ICD-10. The psychotic state of patients was assessed by PANSS and CGI-S. Patients were divided to 2 groups: (1) TRS (2) no TRS. The dividing of patients was carried out according to the following criteria:
- patients with an inadequate response to 2 antipsychotics (at least one of which is an atypical antipsychotic;
- patients with persistent suicidality.

Results.– After determining the carrier of polymorphic variants of *CYP2D6*, it was found that 55.4% were homozygous for the CC allele, and 44.6% had of the CT genotype of polymorphic variant rs1065852. 66.9% were homozygous for the GG allele, and 33.1% had the GA genotype of the polymorph variant rs3892097. There were no differences in the carriage of genotypes between groups ($p < 0,05$).
Conclusions.– Thus, we did not detect the effect of *CYP2D6*4* and *CYP2D6*10* polymorphisms on TRS. The reason may be that the TRS is not only related to pharmacogenetics factors. Despite, it is necessary to study the relationship of other genetic polymorphisms with TRS.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1177

The impact of tobacco smoking on cognitive performance in patients with schizophrenia

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Background and aims.– Prevalence of cigarette smoking is significantly higher in patients with schizophrenia compared to the general population. This clinical group is also characterized by robust cognitive impairments that can be detected already in the premorbid phase of illness. However, studies addressing the association between cigarette smoking and cognition in patients with psychosis have provided mixed findings. The aim of this study was to assess the relationship between tobacco smoking and cognitive performance in patients with schizophrenia.
Methods.– 67 schizophrenic patients and 62 healthy controls were recruited. Cognitive performance was examined using the Repeatable Battery for the Assessment of Neuropsychological Status. Nicotine dependence was determined using the Fagerström Test for Nicotine Dependence (FTND) and the pack-year index.
Results.– Smokers with schizophrenia presented significantly lower scores on immediate and delayed memory tests compared to non-smokers with schizophrenia after adjustment for potential confounders. Smoking controls had significantly lower scores of all cognitive domains, except for language skills compared to non-smoking controls after adjustment for education level. There were no significant correlations between FTND scores or pack-year index and cognitive performance neither in the group of patients nor in.
Conclusions.– Our results imply that cigarette smoking is related to worse memory performance in schizophrenia and more robust cognitive deficits in controls.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1179

Obstructive sleep apnea in schizophrenia - how to screen, why to treat?

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Background and aims.– High risk of obstructive sleep apnea (OSA) was reported in patients with schizophrenia. However, existing screening questionnaires haven't been validated in this population, and the impact of comorbidity in this population has rarely been studied. The study was lead to show the prevalence and impact of comorbid OSA in patients with schizophrenia and validate the existing OSA screening scales.
Methods.– Patients with schizophrenia consecutively admitted to hospital (SCH, $n = 51{,}18$ *F*, age $37{,}7 \pm 12{,}1$) and patients with schizophrenia and obesity (SCH/OBE, $n = 31{,}16$ *F*, age $38{,}6 \pm 12{,}0$) were compared to healthy controls ($n = 51{,}18$ F, age $37{,}9 \pm 11{,}0$). Berlin Questionnaire, Epworth Sleepiness scale, STOP-BANG questionnaire, NoSAS and No-Apnea scales were used to assess apnea risk. Severity of symptoms of schizophrenia was measured with PANSS and Calgary scales and B-CATS tests. OSA was diagnosed using Embletta system.
Results.– OSA (AHI$\geq$5) was found in 21,6% of SCH group, in 45,2% of SCH/OBE group and in 13,7% of healthy controls. Statistically significant differences in negative symptoms PANSS subscale, B-CATS digit symbol test and daytime sleepiness were found between patients with and without OSA. No existing screening scale showed satisfactory sensitivity and specificity. Neck circumference above 41 cm (*F*) and 43 cm (*M*) with BMI>30 allowed to predict OSA in 76,8% of cases (PPV = 68,0%, NPV = 80,7%).
Conclusions.– OSA should be screened in patients with schizophrenia as it's common, has negative influence on schizophrenia symptoms and may add up to higher mortality of these patients The assessment of BMI and neck circumference proves satisfactory screening test in ambulatory conditions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1180

The THINC-integrated tool (THINC-it) for a brief measurement of changes in cognitive functioning and its correlation with the life quality of patients with schizophrenia

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Background and aims.– Individuals suffering from schizophrenia experience numerous cognitive deficits, which may be present during the period of remission and significantly hinder their daily activities. Full neuropsychological assessment of the cognitive functioning is a time-consuming process, hence it is often omitted altogether. The aim of this ongoing study is to validate the Polish version of THINC-it to assess the cognitive functioning and comparing it with patients' quality of life.
Methods.– So far twenty participants of a day clinic (females: 5; mean age:$33{,}9 \pm 10{,}5$) were included in the study. WHOQOL-BREF was used to measure the patients' quality of life. THINC-it tool was used to assess their cognitive functioning. It consists of four tasks which measure attention span, operational memory, and executive functions and has been so far validated for detecting cognitive dysfunction in major depression.
Results.– Patients suffering from schizophrenia achieved lower scores than the general population. Longer reaction times and lower scores were observed in every domain among the test group. N-back type task and symbol substitution test posed the most challenge for the patients. The general quality life score was also relatively low and related to cognitive functioning. Importantly, repeated measurements were required due to the observed large learning effect.
Conclusions.– Initial analysis supports the overall consensus of the current research - cognitive impairment in schizophrenia is the core of the disorder and is related to overall quality of life. It suggests also that a one-time measurement did not provide a reliable assessment of patients' cognitive functioning.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Schizophrenia and other psychotic disorders - Part XI

E-PP1181

Effect of lurasidone on cognition in adolescents with schizophrenia: analysis of a 2-year open-label extension study

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Background and aims.– To evaluate the short and long-term effects of lurasidone on cognitive performance in adolescents with schizophrenia.

Methods.– Patients ages 13–17 with schizophrenia who completed 6 weeks of double-blind (DB) fixed-dose treatment with lurasidone were eligible to enroll in a 2-year, open-label (OL), flexible-dose (18.5–74 mg/d) extension study. Cognitive function was assessed with the Brief CogState battery, which evaluates 4 cognitive domains: psychomotor speed, attention, visual learning, and working memory. Based on normative data, Z-scores were calculated for each of the 4 cognitive domains, and for an overall composite score.
Results.– After 6 weeks of DB treatment, mean change in cognitive composite Z-score was -0.09, +0.11, and −0.10 for lurasidone 40 mg and 80 mg, and placebo, respectively. A total of 271 patients completed 6 weeks of DB treatment and entered the 2-year OL study. The sample sizes with Cogstate data available at each assessment time-point were: OL-baseline (n = 267), week 28 (n = 206), week 52 (n = 182), Week 76 (n = 167), and week 104 (n = 147). Mean change in *Z*-score, from DB baseline to OL weeks 0 (OL-baseline), 28, 52, 76, and 104, respectively, were observed for the cognitive composite (+0.04, +0.16, +0.18, +0.03, +0.06), and for the CogState domains psychomotor speed (−0.08, −0.01, −0.05, −0.35, −0.39), attention (−0.00, −0.01, −0.08, −0.29, −0.44), visual learning (+0.19, +0.46, +0.64, +0.70, +0.93), and working memory (+0.18, +0.25, +0.59, +0.52, +0.48).
Conclusions.– Over the course of this 2-year study of adolescents with schizophrenia, treatment with lurasidone was not associated with deleterious effects on overall cognitive function.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1182

"The motor paradox": a study of postural sway in schizophrenia

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Background and aims.– Subtle motor abnormalities have been identified in schizophrenic patients since the first descriptions of the disease and are now properly conceptualized as early endo-phenotypes of schizophrenia. Despite the significant role of psycho-motor disturbances in schizophrenia, very few studies have investigated locomotor pattern of gait in schizophrenia. The present study aimed to detect the presence of gait disturbances and postural anomalies by means of "Gait Analysis System", in order to identify specific underlying endophenotipic deficits in motor control.
Methods.– 21 patients and 14 healthy subjects have been analyzed in gait and postural sway by classic full Gait Analysis system.
Results.– Schizophrenic patients showed longer gait cycle compared to controls, with significative difference. Moreover, schizophrenic group had greater sway area with open eyes, and this difference was significant too. Finally, patients had more postural stability following the removal of visual input, as demonstrated by more length of the curve, with no significative differences in the sway area, compared to controls.
Conclusions.– According with previous studies, schizophrenic patients show a different locomotor pattern and specific postural sway abnormalities compared to controls. Particularly, the present study show a "motor paradox" in the control of posture and balance in schizophrenia: notably, patients exhibit more postural instability with open eyes, as due to an interference of visual input; with postural stabilization following the removal of visual input. The present findings would support the hypothesis of a disruption in multi-sensory integration, as a core feature of schizotaxic vulnerability, associated to subtle deficits in basic motor control of postural stability.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1183

Specific relationships exist between insight and cognition in schizophrenia

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Background and aims.– Cognition has been proposed as a determinant of insight in schizophrenia, but results have been mixed. The MATRICS Consensus Cognitive Battery (MCCB) was developed to provide a cognitive assessment tool to help overcome the heterogeneity of existing instruments (Nuechterlein et al., 2008; Rodriguez-Jimenez et al., 2012; Rodriguez-Jimenez et al., 2015). The aim of the present study was to study the relationship between cognitive domains and insight in a sample of patients with schizophrenia.
Methods.– A cross-sectional study was conducted in a sample of 103 patients (31.1% female). The mean age was 41.5 years (SD 8.5). Cognition was measured with the MCCB, and insight with the three general ítems of the SUMD (awareness of mental disorder, awareness of need for treatment, and of social consequences of the disorder), and the total awareness and attribution items (Amador & Strauss 1990). Pearson correlation coefficients were calculated.
Results.– Awareness of having a mental disorder showed a significant correlation with processing speed (−0.257; p = .009) and working memory (−0.257; p = .005). Awareness of need for treatment and total awareness showed no significant relationships with cognition. Working memory showed a significant correlation with awareness of consequences (−0.266; p = .007), and with total attribution (−0.216; p = .028). Processing speed (−0.263; p = .007), attention (−0.240; p = .015), and visual learning (−0.282; p = .004) showed relationship with awareness of social consequences.
Conclusions.– Insight is a multidimensional construct holding specific associations with different cognitive domains, such as working memory, attention, and processing speed. Further studies are required to understand the complex linkages between cognition and insight, while the study of individual relationships seem necessary.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1184

Preliminary data of validation in a rating scale of observable social cognition (OSCARS) in spanish population with schizophrenia disorder

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Background and aims.– Individiuals with schizophrenia show deficits in social cognition. Evaluating this aspect is important to plan more effective interventions. Assessing through the observable social cognition perceived by the main caregiver is a measure that provides new information on this aspect. The objective is analyzing psychometric parameters of validity and reliability of the OSCARS scale in Spanish population.
Methods.– Observational cross-sectional study with 73 patients of Community Mental Health Unit North of Cádiz (Spain); 30% females; SD = 0.5, with a mean age 46.6 (SD = 13.9), mean years of education was 11.3 (SD = 5.3) to assess performance in domains of Social Cognition with Observable by means of Social "Cognition – A Rating Scale" (OSCARS)
Results.– Cronbach's alpha coefficient was 0.8, suggesting a high degree of internal consistency for the OSCARS.
Conclusions.– The OSCAR scale obtains an acceptable reliability coefficient. Nevertheless, it is convenient to expand the sample size and study the validity of the construction and carry out other reliability tests.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1185

Decide study: proposal of adherence model in schizophrenia. A multiple regression analysis

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Background and aims.– Shared decision making denotes a structured process that encourages full participation by patient and provider in making complex medical decisions. There has been extensive and growing interest in its application to long-term illnesses. The great majority of schizophrenics can understand treatment choices and making rational decisions. Although the main justification for shared decision-making is ethical, several randomized controlled trials support its effectiveness in improving the quality of decisions.
To demonstrate the effectiveness, measured as treatment adherence and readmissions at 12 months, of shared decision making in the choice of antipsychotic treatment at discharge in a sample of schizophrenics hospitalized after an acute episode of their disorder. To present results of the complete sample and a regression model for adherence.
Methods.– Randomized controlled trial, prospective, two parallel groups, simple blind, comparing two interventions (shared decision making and treatment as usual). Study population: Inpatients diagnosed of schizophrenia and schizoaffective disorders (ICD-10/DSM-IV-R: F20 y F25) [120].
Results.– After 12 months follow-up, there are statistically significant differences for several variables when we try to explain antipsychotic treatment adherence. Attitude towards treatment, therapeutic alliance, confidence in decision and insight can explain a 50% of adherence differences ($R^2 = 0{,}5$ $p < 0.001$). We are presenting a structural equation model designed with these results.
Conclusions.– The few empirical studies on this topic, show that SDM encourages better communication and greater patient satisfaction. The final aim of the study is to assist the implementation of a new model of interaction physician – patient in our health services and shows its indirect implications in treatment adherence.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1187

The relation between metabolic syndrome parameters and cognitive functions in schizophrenia

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Background and aims.– Schizophrenia patients are known to have a higher rate of medical problems such as obesity, hypertension, and diabetes mellitus (DM). It is unclear if there is an association between cardio-metabolic risk factors and cognitive functions as well as the extent to which specific areas of cognitive functions are specifically affected. This study aimed to investigate the association between metabolic syndrome parameters and cognitive functions in schizophrenia patients.
Methods.– Forty-four schizophrenia patients in remission and forty-five healthy volunteers were included in this comparative case-control study. Stroop Test, Digit Symbol Substitution Test, Trail Making Test Part A and B, and Reaction Time Test were applied to the participants. Levels of triglyceride, high-density lipoprotein (HDL), fasting blood glucose (FBG) and measurements of waist circumference, blood pressure, body mass index (BMI) were obtained.
Results.– In this study, no significant difference was found between the groups regarding age and gender. The frequency of obesity was significantly higher in the schizophrenia group than in the control group. HDL level in control group; waist circumference, BMI, and FBG levels were significantly higher in the schizophrenia group. The incidence of metabolic syndrome in schizophrenia group was significantly higher than the control group. All cognitive test results were significantly worse in schizophrenia patients than in the control group.
Conclusions.– The findings of this study suggest that metabolic syndrome parameters are a risk factor for various medical conditions, as well as a decrease in cognitive function in schizophrenia patients. Metabolic syndrome parameters are more likely to occur in schizophrenia patients with cognitive impairment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1188

Abnormalities of one-carbon metabolism in a cohort of patients aged 15 to 30 years with psychotic disorders

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Background and aims.– Folates, main actors in one-carbon metabolism, are involved in the synthesis of monoamines and maintain genomic stability. According to a gene-environnement interaction model, an association between folate deficiency and schizophrenia seems to exist. The main purpose of this study was to assess the prevalence of plasma folate or vitamine B12 deficiency and hyperhomocysteinemia in young patients with psychotic disorders.
Methods.– This epidemiological cohort study was monocentric, observational, analytical and retrospective. It was conducted at the Service Hospitalo-Universitaire of the Centre Hospitalier Sainte-Anne in Paris. The inclusion criteria were being between 15 and

30 years old and having a diagnosis of first-episode psychosis, schizophrenia, schizoaffective disorder or persistent delusional disorder.
Results.– 188 patients admitted to hospital between 2014 and 2017 were included, with a mean age of 23 years. Mean plasma levels of folates, vitamin B12 and homocysteine were 12,86 nmol/L, 309,3 pmol/L and 12,59 μmol/L, respectively. In over a third of patients (35,5%), at least one abnormality of one-carbon metabolism was found. The prevalence of plasma folate deficiency was high, found to be around 20,7%.
Conclusions.– The frequency of one-carbon metabolism anomalies in young patients with psychotic disorders is relatively high. This result spotlights the desirability of new therapeutic prospects such as folate supplementation, in view of personalized medical approaches to psychotic symptoms.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1189

The speed of information processing as a possible endophenotypic marker in schizophrenia

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Background and aims.–
Introduction.– Cognitive endophenotyping is a modern approach to studying the genetic risk of schizophrenia.
The purpose of this study is to investigate the speed of information processing in patients with paranoid schizophrenia (PS) and first generation relatives (FGR) using the Digit symbol substitution test (DSST), to report and compare their results with those of healthy controls.
Methods.– The study was conducted with 108 PS (66 men and 42 women with mean age 38.86 ± 10.02) with disease duration of 12.68 ± 8.2 years with mean disease severity according to PANSS 71, 8 ± 5.1 and 58 FGR (30 men and 28 women m.a. 36.71 ± 11.74) and 60 HC (37 men and 23 women m.a. 35.68 ± 11.36) via DSST. The results were reached at statistical significance of $p < 0.05$.
Results.– The test success rate for PS was 33.92 item. FGR 44.74, S-44.74. PS differ from FGR and HC significantly in all indicators ($p = 0.0001$). FGR and HC are only distinguished by the number of errors in the test ($p = 0.0001$). Age, educational status, symptom severity (measured by PANSS), duration of the disease all have effect on the results, but not gender and type of therapy used.
Conclusions.– The delay in information processing speed with DSST was mild in FGR and more pronounced in PS. This is associated with reduced inhibitory control and/or memory impairment. This makes it a suitable monofenotype marker for schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1190

Risk factors for violence in persons with and without psychosis in the czech republic: risk and protective factors

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Background and aims.– To prevent violence among persons with psychosis, further knowledge of the correlates and risk factors is needed.
Methods.– This study examined factors associated with violent assaults in 158 patients with psychosis and in a matched control sample of 158 adults without psychosis. Participants completed interviews and questionnaires to confirm diagnoses, report on aggressive behavior and current and past victimization, and substance use. Additional information was collected from collateral informants and clinical files. Multiple regression analyses were conducted to identify factors that were independently associated with committing an assault in past 6 months.
Results.– The presence of a psychotic disorder was associated with an increased risk of assaults (OR = 3.80; 95% CI 2.060–7.014). Additional risk factors in persons with and without psychosis included recent physical victimization (OR = 7.09; 95% CI 3.922–12.819), childhood maltreatment (OR = 3.15; 95% CI 1.877–5.271), the level of drug use (OR = 1.13; 95% CI 1.063–1.197), and the level of alcohol use (OR = 1.04; 95% CI 1.000–1.084). Increasing age (OR = 0.96; 95% CI 0.942–0.978) and employment (OR = 0.30; 95% CI 0.166–0.540) were protective factors. Except for drug use, which appeared to have greater effect on violence in the group without psychosis, there were no major differences between patients and controls in these risk and protective factors. To our knowledge, this is the first published comparison of assault predictors between schizophrenia patients and matched controls.
Conclusions.– Recent physical victimization was the strongest predictor of assaults. Our findings are consistent with the emerging empirical evidence pointing to the very important role of victimization in eliciting violent behavior by the victims.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1192

Neurophysiological correlates of negative symptom domains: an auditory oddball study in schizophrenia

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Background and aims.– Negative symptoms have long been recognized as a heterogeneous psychopathological dimension, with a strong negative impact on real-life functioning.
Five main constructs are included in the negative symptom dimension: anhedonia, asociality, avolition, blunted affect and alogia. Factorial analyses studies revealed that these constructs cluster in two separate domains: avolition-apathy (AA; including avolition, asociality and anhedonia) and expressive deficit (ED; including alogia and blunted affect), which are linked to different neurobiological aberrations and outcome indices.
Few studies investigated the neurobiological bases of negative symptom domains, using event-related potentials (ERPs), but findings were controversial.
The aim of our study was to evaluate, in the context of the multicenter study of the Italian Network for Research on Psychoses, the relationships between N100 and AA and ED domains in subjects with schizophrenia (SCZ).

Methods.– During an auditory odd-ball task, ERPs were recorded in 115 chronic stabilized SCZ and 64 healthy controls (HC). Negative symptom domains were assessed with BNSS. Multiple stepwise linear regressions were used to establish the variables that predicted N100 amplitude for standard and target stimuli. As independent variables, depression, parkinsonism, positive and disorganization dimensions, neurocognitive composite score, AA and ED domains, were included in the model.
Results.– We found a significant N100 amplitude reduction in SCZ compared with HC. Regression models revealed that N100 amplitude for standard ($b = 0.287$, $p = 0.004$)and target stimuli ($b = 0.290$, $p = 0.005$) were predicted by ED.
Conclusions.– Our findings revealed a specific pattern of association between ED and N100 aberrations, suggesting that specific negative symptoms could be associated with early processing deficits in SCZ.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1193

The relationship between depressive symptoms, smoking and disease severity in patients with schizophrenia

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Background and aims.– Patients with schizophrenia have high prevalence of both depression and cigarette smoking. However, no study has simultaneously compared the severity of schizophrenia, depressive symptoms, treatment-resistance and nicotine dependence.
The aim of this study was to determine clinical variables associated with the severity of depression in patients with schizophrenia.
Methods.– This cross-sectional study was carried out in patients with schizophrenia, who were not taking antidepressants. The Fagerstrom Test for Nicotine Dependence (FTND) was used to assess tobacco dependence, Calgary Depression Rating Scale for Schizophrenia (CDSS) to measure depression, and the Positive and Negative Syndrome Scale (PANSS) to evaluate symptoms of schizophrenia. Treatment-resistant schizophrenia (TRS) was defined as a failure of at least two adequate antipsychotic trials.
Results.– Overall 340 patients were included (median age 45 years, 204 smokers, 300 males and 125 with TRS). The CDSS total score was positively correlated with the PANSS total score ($\rho = 0.555$; $p < 0.001$), chlorpromazine equivalents ($\rho = 0.197$; $p = 0.011$) and age ($\rho = 0.144$; $p = 0.008$). Patients with TRS had higher PANSS total score and all its subscales but also higher CDSS score ($p < 0.001$). The CDSS was similar between smokers and non-smokers, and not related to FTND score.
Conclusions.– While the severity of depression was not related to smoking status and nicotine dependence, it was correlated with the intensity of psychotic symptoms and antipsychotic dose. Depression in our sample might be induced by more pronounced psychopathology or higher doses of antipsychotics, but not by smoking.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1194

Suicidality, self-stigma, social anxiety and personality traits in stabilized schizophrenia patients – a cross-sectional study

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Background and aims.– Patients who have schizophrenia are more prone to suicidal behavior than the general population. Suicidal attempts are fatal in 20%–40%. This study aimed to find connections between suicidality and self-stigma, hope, and personality traits in patients with schizophrenia.
Methods.– Forty-eight stabilized outpatients with schizophrenia attended this cross-sectional study. Patients were diagnosed by the Mini International Neuropsychiatric Interview (MINI) using the ICD-10 research diagnostic criteria. The assessments included Positive and Negative Syndrome Scale, objective and subjective Clinical Global Impression, Liebowitz Social Anxiety Scale, Beck Depression Inventory-second edition, Internalized Stigma of Mental Illness, the Temperament and Character Inventory, and Adult Dispositional Hope Scale.
Results.– The individual rate of suicidality (suicidal index from MINI) strongly positively correlated with self-stigma, level of depression, social anxiety, and harm-avoidance, and negatively correlated with hope, self-directedness, and stigma resistance.
Conclusions.– Individuals with additional symptoms of depression, social anxiety, trait-like anxiety, and self-stigma should be carefully monitored for suicidal ideation. On the opposite side, patients with sufficient hope, self-esteem, and goal-directed attitudes are less likely to have suicidal thoughts and may potentially be role models in group rehabilitation programs, motivating more distressed colleagues and showing them ways to cope.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1195

The role of regenerative factors in the etiopathogenesis of first episode psychosis and patient functioning

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Background and aims.– In recent years, more and more attention has been devoted to the search for biological markers of psychotic disorders. The role of regenerative factors seems to be a promising direction for further research. The aim of this study was to evaluate the effects of stem cell mobilization and factors affecting their mobilization on symptom severity and functioning of patients with first episode psychosis (FEP).
Methods.– The study included 30 persons diagnosed with FEP, divided into two subgroups: "schizophrenic" (F20, F23.1 and F23.2) and "non-schizophrenic" (other diagnoses according to ICD-10). Symptom severity was assessed with the PANSS. The patients had

their blood drawn twice for laboratory tests: before neuroleptic treatment and after clinical improvement and PANSS score reduction of at least 20%.
Results.– VSEL stem cell mobilization into peripheral blood was observed in the investigated sample. Inverse correlations were found between the PANSS scale and subscale scores and the number of HSCs Lin-/CD45+/CD34+, as well as an increased HSC mobilization after neuroleptic treatment. Significant correlations were observed in the "schizophrenic" group after treatment with neuroleptics: higher P score was directly correlated with the level of the complement component C3a, while the G score was inversely correlated with the serum concentration of S1P.
Conclusions.– These findings confirm the role of stem cells and factors affecting their mobilization in FEP. This subject, however, requires further research on a larger group of patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1196

Inflammation markers and kynurenine pathway metabolites in major psychiatric disorders - pilot study

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Background and aims.– Kinurenine metabolites influence the course of various psychiatric disorders. 95% of circulating tryptophan (Trp) is metabolized into N-formyl-kinurenine (N-formylKyn) and after deformylation to kynurenine (Kyn). Kyn is the substrate for two antagonistic pathways, one of which results in formation od kinurenic acid (KYNA). KYNA is the only known endogenous compound with NMDA antagonistic activity and is a molecule proposed responsible for psychotic symptoms and cognitive deterioration. Several studies have demonstrated that inflammatory cytokines increase Trp-Kyn transformation.
Methods.– 63 patients admitted to Mazovian Specialized Health Centre in Pruszkow, Poland were examined with the use of Brief Psychiatric Rating Scale. Their blood serum was tested for interleukins (IL-1, IL-6), Trp, Kyn and N-formylKyn levels.
Results.– The study group consisted of addicts ($N = 13$), patients with psychosis ($N = 18$), mood ($N = 20$) and anxiety disorders ($N = 12$). Correlation analysis showed significant results only in the group of psychotic patients: between IL-6 and Kyn (RSpearman = 0,562, $p = 0{,}004$), and between IL-6 and N-formylKyn (RSpearman = 0,660, $p = 0{,}007$). Psychotic patients also showed a negative correlation between Trp/Kyn ratio and IL-6 (RSpearman = −0,648, $p = 0{,}012$); and also between Trp/N-formylKyn ratio and Il-6 (RSpearman = −0,652, $p = 0{,}011$). There were no significant correlations with regard to other diagnosis groups.
Conclusions.– Our study confirmed the previously observed relations between IL-6 and kynurenine metabolites. What is more, this relation was strong but present only in psychotic patients and totally absent in the case of other subjects. The correlations were even stronger in the case of patients with current hallucinations. Regardless of the qualitative value of these results their interpretation requires some caution and further studies on more robust patient groups.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1197

A case study of folie a famille

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Background and aims.– Shared psychotic disorder has been variously called as folie a deux, folie a trois, folie a famille, psychosis of association, communicated insanity and shared paranoid disorder. Shared psychotic disorder is rare, and it's even rarer when involving the entire family. To our knowledge, this is the first case report of folie a famille in Singapore.
This study aimed to describe a case of folie a famille in Singapore and raise awareness of complexities in management.
Methods.– This is a case report. Information was gathered based on medical records.
Results.– Ms L, a 25-year-old Chinese lady staying with her mother and brother, was brought to our hospital by her family, upon police recommendation for psychiatric assessment. Ms L gave an account that she was sexually assaulted multiple times 10 years ago and that the men responsible were still following her and her family. She reported to police on several occasions, but police did not investigate. She and her family believed that the gangsters who had assaulted her continued to persecute them.
Conclusions.– The patient ingrained her beliefs into her family, causing a considerable disruption in their lives. The shared delusional symptoms in a family can be considered as the family's attempt to maintain cohesiveness in the presence of a perceived hostile environment. The lack of insight of the patient as well as her family increased the complexity of the case. We recommend a multidisciplinary team approach to manage folie a famille.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1198

The change in perception of depot/LAI antipsychotic treatment according to view of Slovak psychiatrists. Comparison 2015/2018

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Background and aims.– The time of availability of second-generation depot/LAI antipsychotics and increasing empirical experience, are influencing the psychiatrists view of position of this medication form in the therapy of schizophrenia.
Methods.– We focused on finding the differences in opinion of Slovak psychiatrists on the use of this cure in some specific situations in the therapy of schizophrenia. We realized our research via questionnaire presented to psychiatrists in June 2015 ($n = 47$) and subsequently in June 2018 ($n = 43$).
Results.– In 2018, depot/LAI medication was preferred by psychiatrists (in more than 85% of cases) when low compliance, poor insight or frequent episodes. Relatively lower impact on the choice of medication was proved by the type of symptoms (positive, negative). Depot/LAI antipsychotic therapy is, according to opinion of psychiatrists, not suitable in first episode of schizophrenia (74% of respondents). In the terms of tendencies to indicate depot antipsychotics, second-generation antipsychotics were preferred in the cases of adverse events (85%), negative symptomatology (81%) and short lasting of psychotic disorder (67%). We didn't find the preference of the first-generation antipsychotics in any specific therapy situation. Within the comparison of opinion on the indication of depot/LAI medication between the years 2015-2018, the most sig-

nificant change was found in preferences in young patients and in economically active people.
Conclusions.– Very significant move happened in decision-making between the types of depot antipsychotics. In every explored situation, the second-generation agent was preferred, the most significantly in the indication in chronic forms of schizophrenia (increase from 22% in 2015 to 59% in 2018).
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1199

Secondary but not primary negative symptoms of schizophrenia are associated with carriage of minor allele of genetic polymorphism MTHFR677C>T

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Background and aims.– J.L. Roffman et al. reported (2011) that folate metabolism disturbances (T-allele carriage of genetic polymorphism of folate metabolism key enzyme MTHFR677C>T) are associated with severity of negative symptoms of schizophrenia. In those study patients received antipsychotics, so it is impossible to exclude the secondary pharmacogenic nature of negative symptoms. The purpose of this study was to evaluate the association of T-allele of MTHFR677C>T with the severity of negative symptoms of schizophrenia at different stages of treatment to exclude the pharmacogenic nature of the negative symptoms associated with folate deficiency.
Methods.– Patients with schizophrenia were examined with PANSS during the treatment in hospital (more than 10 days, $n = 106$), and in the first 1-3 days from the admission to hospital ($n = 59$) when the impact of antipsychotic treatment was minimal and examined by the PCR method for the carriage of alleles of polymorphism MTHFR677C>T. Both groups of patients were comparable by gender, age, distribution of alleles of MTHFR677C>T.
Results.– Carriers of the T-allele vs patients with wild genotype after 10 days of treatment had the greater severity of some negative symptoms: affect flattening ($p = 0.029$), passive-apathic social seclusion ($p = 0.014$), stereotyped thinking ($p = 0.044$), which is consistent with the results of J.L. Roffman. However, patients who were examined at the begining of hospitalization had no differences in the severity of negative symptoms between subgroups with/without T-allele.
Conclusions.– More pronounced negative symptoms in patients with T-allele in comparison with patients with "wild" CC genotype examined during inpatient treatment may be antipsychotic-induced secondary negative symptoms, but not primary symptoms of schizophrenia.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Sexual Medicine and Mental Health

E-PP1200

Peculiarities of self-esteem in young women with gender dysphoria and intention to sex reassignment

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Background and aims.– The study of self-esteem can be considered as one of the most important areas in solving the issues of differential diagnosis between transsexualism and gender identity disorders in endogenous diseases. The purpose of this research was to assess self-esteem peculiarities in women with intention to sex reassignment. The study involved 18 women diagnosed with schizotypal disorder and 12 women diagnosed with transsexualism. The age of the participants was from 18 to 25 years and was comparable in both groups.
Methods.– Clinical, sexological and clinical-psychological methods were used. Psychological assessment has been conducted using MMPI, "Draw a man" – Machover test, Luscher Color Test, and Dembo-Rubinstein Method of Self-esteem Measurement.
Results.– For women with schizotypal disorder: the presence of dysmorphophobic experiences and rejection of the corporeality (93%); contradictory self-attitude: from experiences of uniqueness to inferiority, with negative emotional coloring of the self-image (93%); weak interiorization and undifferentiation of the male gender role (100%); low self-esteem (89%). For women with transsexualism: general disharmony of self-attitude (58.3%); rejection of the corporeality (66.7%); positive emotional coloring of the self-image (83%); self-esteem maintaining is possible only through the internalization of the male gender role. In both groups: an incompleteness of the self-image and the fear of being rejected by society.
Conclusions.– Comparison of self-esteem features in the studied groups revealed possible differential diagnostic criterions: the degree of severity of contradictions in the structure of self-attitude, the negativity of self-perception, low self-esteem. High suicidal activity in both groups may be due to negative contradictory self-esteem and the difficulties of self-actualization.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1201

Group psychotherapy experience with transgender individuals in Turkey

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Background and aims.– Gender dysphoria is a situation that has a long history, and also known to be present in different cultures. The psychiatrist who manages the process of gender transition process applications in Turkey is in the position of people working in a multidisciplinary team is recommended, but this may not always be possible in practice.
Methods.– Trans people who initiate the gender transition process after appropriate legal applications can have their psychiatric, endocrinological and surgical treatments legally. Kocaeli University Hospital is a center that monitors the gender transition process since 2004. Individuals who are admitted to our clinic with

the complaint of gender dysphoria are included in the gender-monitoring program and followed up through individual and group psychotherapy.
Results.– All trans individuals who are followed up in our clinic and are considered to be suitable are referred to the trans support groups performed monthly. Sessions with an average of 10–15 participants and open group are held for 90 minutes on the last Monday of each month. Individuals who are not fit for group treatment or who are not ready yet continue their individual therapy. Family information and support meetings are also held for the families of individuals who are in the transition period.
Conclusions.– It can be said that gender transition process is currently the best way to reduce the effects of gender dysphoria. The aim of this presentation is to share our clinical experience about gender transition process, where there is no standard treatment protocol yet in Turkey.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1202

Fetishistic disorder. Clinical features and treatment. A review

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Background and aims.– Paraphilia is an infrequent cause of attendance at a Psychiatry Service. When patients attend because of this disease, it's because it generates a big disturbance on their lifes. The most frequent cause of paraphilia in men is voyeurism and fetishism (1).
Methods.– A review was conducted aiming to clarify the treatment of this illness and its clinical features in order to distinguish from other neurological or psychiatric diseases. The literature search was conducted in PubMed data reviewing articles dating between 1983 and 2018.
Results.–

1. Most paraphilic disorders have a high rate of comorbidity with other psychiatric disorders.
2. The best treatment method for paraphilia is the combination of cognitive behavioral and drug treatment.
3. Drugs used for the treatment of paraphilia include selective serotonin reuptake inhibitors (SSRI), cyproterone acetate, medroxyprogesterone, and GnRH analogues.
4. Some of these drugs use depot formulations.

Conclusions.– The evolution of this disorder is usually insidious. The treatment of fetishistic disorder should include multidisciplinary interventions, including CBT and drug treatment, although it's not effective in all cases. Further investigations is needed in order to find better approaches of treatment.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1207

Gay BDSM: a cross-cultural comparison of psychiatric wellness of Polish and American professional gay sadomasochist

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Background and aims.– Professional gay sadomasochism is a sexual practice involving for-fee role playing with infliction of pain to achieve sexual pleasure–all provided by experienced dominating partner (DP). We qualitatively examined coping strategies that prevent submissive sadomasochists (SP) from experiencing long-term negative psychological trauma associated with participating in painful sex.
Methods.– We studied 320 gay sadomasochists (172 dominant, DP; 148 submissive, SP) who have been part of kink culture for at least 2 years. Eligible participants were recruited online for mixed methods study, involving qualitative analysis and administration of surveys.
Results.– There are three themes characterizing similarities between Polish and American professional gay sadomasochists: consent, sexually transmitted disease prevention (STDs), pro-DP culture, psychological pleasure. Consent uniformly ensures the safety of SPs; 28% report having tried extreme kink, when consent to specific behaviors was verbalized and provided in writing. STD transmission is minimized thanks to participating in pre-meeting video-interview screening, conducted by DP; during this e-interview, the DP reviews past history of sexual behaviors of the SP and provides safety guidelines before meeting in person for kink session. Pro-DP, in exchange for money, provide safe sexual environment for SP, including guiding SP to psychosexual health resources, if they experience some physical trauma during consensual kink sex. By promoting proper communication and safety features, professional DPs provide SPs with customized psychosexual support that minimizes risk of long-term psychological trauma associated with rough sex.
Conclusions.– SPs practicing rough BDSM are better off hiring professional DPs, if they want to minimize risk of long-term psychosexual trauma.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1208

Affective temperaments in patients with lifelong vaginismus and their male partners

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Background and aims.– Temperament describes attitudes and behaviors that stand on constitutive, genetic and biological bases, and it has been stated clinically to be linked to psychiatric disorders. Temperament characteristics of both lifelong vaginismus (LLV) and their male partners may be important in the development or continuation of LLV. The present study aimed to investigate affective temperaments in patients with LLV and their male partners.
Methods.– We performed a prospective and comparative study investigating affective temperaments in patients with LLV and their male partners. Fifty-six patients with LLV, their 56 male partners, and 44 healthy couples with no complaints of any sexual function as a control group were included in this study. The Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A) was completed by all participants.
Results.– TEMPS-A scores were significantly higher in patients with LLV for depressive (OR = 1.27), cyclothymic (OR = 1.31), anxious (OR = 1.22), and irritable (OR = 1.22) temperament compared to female controls, whereas there was no significant difference in the hyperthymic temperament scores between these two groups (OR = 1.03). Additionally, depressive (OR = 1.31) and cyclothymic

(OR = 1.18) temperaments scores (OR = 1.13) were significantly higher in male partners of patients with LLV compared to male partners of female controls.
Conclusions.– The results of this study support the idea that both patients with LLV and their male partners have different affective temperament characteristics compared to healthy couples.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1209

Impact of psychosis on sexual functioning: a systematic review of the last 10 years

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Background and aims.– Sexual dysfunction figures prominently in patients with psychotic disorders, and may be related to the disease itself, psychosocial factors, somatic health and the use of psychotropic medications. However, a limited number of studies have evaluated sexual functioning in patients with psychosis without medication influence.
This study aimed to assess the current evidence about the impact of psychosis itself on sexual functioning.
Methods.– A systematic review was carried out in MEDLINE (PubMed) database, selecting articles published in English in the last 10 years that include the study of sexual functioning and psychosis, in unmedicated patients or with little use of psychotropic medications.
Results.– Data were extracted from 7 cross-sectional studies and 1 longitudinal study. There were 681 people with first-episode psychosis, 47 people with ultra-high risk for psychosis and 264 people with schizophrenia or schizoaffective disorder. The prevalence of sexual dysfunction ranged from 37.8% to 70%, affecting all phases of sexual function. In a study, sexual dysfunction was more pronounced in first-episode psychosis than in ultra-high risk, however in another article, it was similar. The severity of psychotic symptoms was correlated with severity of sexual dysfunction. Negative symptoms were the most important.
Conclusions.– This systematic review states that both positive and negative symptoms, along with the severity, impact negatively sexual functioning, even before the onset of psychosis itself and medication.

E-Poster Presentation: Sleep Disorders & Stress / Substance related and Addictive disorders - Part V

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

E-PP1211

Correlations of sleep difficulties: the role of optimism/pessimism, psychological disturbance and cognitive emotional regulation

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Background and aims.– Optimism and pessimism are two dispositional traits that reflect positive/negative expectations about the future and the expectation of favourable/unfavourable outcomes. A key aspect that distinguishes them is the way they influence subjective coping experiences and problem solving, which is also reflected in sleep. An optimistic perspective reduces concerns and improves sleep directly through adaptive sleep habits and indirectly through more effective adaptive problem solving strategies. On the other hand, pessimism is related to negative affect, psychological disturbance, and less adaptive coping strategies, such as avoidance and withdrawal. This study aims to analyze how optimism/pessimism, cognitive emotional regulation and psychological disturbance are associated with sleep difficulties.
Methods.– 253 university students (77.9% females), aged between 18–25 years, completed the Portuguese versions of DASS-21, OP-2, and CERQ questionnaires. Three questions were used to evaluate sleep difficulties and to calculate the sleep difficulties index (SDI).
Results.– 10.3% of the students scored one standard deviation above the mean on SDI. Optimism, CERQ1-Positive reappraisal and planning and CERQ-Positive were negatively associated with SDI whereas pessimism, CERQ3-Rumination, CERQ6-Self-Blame, CERQ8-Catastrophizing, CERQ-Negative and DASS-21 (Depression, Anxiety, Stress and Total score) were positively associated with sleep difficulties (SDI).
Conclusions.– These results highlight the importance of the dispositional traits optimism and pessimism, cognition and affect in the aetiology and maintenance of sleep difficulties. This study brings new insights to the prevention and intervention on psychological disturbance and associated comorbidities, such as sleep difficulties.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1212

The big-five personality traits, perseverative thinking, psychological distress and ocd symptoms as correlates of sleep difficulties

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Background and aims.– Sleep difficulties in university students are associated with negative outcomes, at academic, cognitive, social, health and well-being levels. The present study aims to analyse the relationship between the Big-five personality traits, OC symptoms, psychological distress, perseverative thinking (PT) and global sleep difficulties.
Methods.– 247 university students, mostly women (78.9%), Medicine/Dental Medicine students (86.6%), aged 18–25, completed the Portuguese versions of the MOCI, the NEO-FFI, the PTQ and the DASS-21. The sleep difficulties were assessed using three questions, with a sleep difficulties index (SDI) being calculated by summing their scores.
Results.– 18.2% of the students scored =/> one standard deviation above in SDI. Sleep difficulties were positively correlated with gender (female), with psychological distress and its dimensions (anxiety, depression and stress), with PT and its dimensions, with

OC symptoms (doubts and rumination) and with the personality traits, especially neuroticism, and negatively with the personality traits conscientiousness and extroversion.
Conclusions.– Sleep difficulties (SD) are associated with personality traits, PT, OC symptoms and psychological distress. These variables might contribute to the aetiology and maintenance of SD. Present results may have clinical implications on the therapeutic approach to sleep difficulties and their comorbidities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1214

Personality characteristics of middle-age patients with essential hypertension and increased variability of blood pressure: a landscape of challenges

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Background and aims.– Modern medicine postulates that one of the reasons for disregulation of blood pressure (BP) is prolonged emotional tension in stress conditions.
The purpose of this research was to conduct an analysis of personality characteristics of middle-age EH patients with increased BP variability when compared to patients with normal BP variability.
Methods.– The study involved 59 patients with increased BP variability, average age was 53.6 ± 6.1, and 41 EH patients with normal BP variability, average age was 50.2 ± 7.3. All of patients had uncomplicated EH, stage 1–2. Participants performed the following assessment: Sixteen Personality Factor Questionnaire (16PF), Ways of Coping Questionnaire (WCQ), Cognitive Emotion Regulation Questionnaire (CERQ), and Multidimensional Perfectionism Scale by P. Hewitt and G. Flett.
Results.– EH patients from group 1 differ from the second group patients by higher rates Q1-factor (Openness to change, Flexibility) ($5{,}93 \pm 1{,}99$ vs $4{,}95 \pm 2{,}31$; $p = 0{,}04$), and lower rates of factor O (Apprehension, worrying, self-blaming) ($3{,}98 \pm 1{,}76$ vs $5{,}05 \pm 1{,}94$; $p = 0{,}006$) and factor Q4 (Tension, Frustration, Over wrought) ($4{,}14 \pm 1{,}76$ vs $5{,}08 \pm 2{,}01$; $p = 0{,}018$) - in 16PF. However, the first group patients are significant more often use a "Refocus on planning" ($16{,}0 \pm 3{,}0$ vs $15{,}1 \pm 2{,}9$; $p = 0{,}01$) as an effective strategy of regulating emotions in CERQ, and they have significantly lower scores on the scale "Other-oriented perfectionism" ($45{,}5 \pm 16{,}9$ vs $52{,}1 \pm 15{,}4$; $p = 0{,}03$).
Conclusions.– The results show the "psychological complexity" of EH patients with increased BP variability. It is permissible to assume that they significantly more frequently than patients from the second group are more prone to repression of their emotions.
The research was supported by RFBR; project № 17-06-00954.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1215

Anxiety and depression are related to subjective and objective sleep quality in sleep apnea but not in insomnia

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Background and aims.– There is a wide range of studies of anxiety and depression as factors triggering and perpetuating insomnia. However, to explain insomnia by anxiety or depression one should prove that in insomnia (but not in other sleep disorders) they lead to poorer sleep.
The aim was to compare relationships of anxiety, depression and sleepiness with sleep of patients with insomnia and sleep apnea.
Methods.– Sleep of 93 patients with chronic insomnia and 46 with sleep apnea was recorded with polysomnography. They filled Insomnia Severity Index (Morin, 1993), Hospital Anxiety and Depression Scale (Zigmond, Snaith, 1983), Epworth Sleepiness Scale (Johns, 1991).
Results.– Anxiety, depression and insomnia severity were higher in insomnia while sleepiness was higher in sleep apnea ($\chi^2 = 7.46$–10.30, $\eta^2 = .07$-$.17$, $p < .01$). However, neither anxiety nor depression in insomnia were related to objective or subjective sleep parameters ($r < .15$) but they did correlate with sleepiness ($r = .20$-$.24$, $p < .05$). In patients with sleep apnea depression was higher in those with longer sleep latency ($r = .30$, $p < .05$) and lower sleep efficacy ($r = -.34$, $p < .05$) while anxiety was related to longer delta sleep latency ($r = .44$, $p < .01$). Both depression and anxiety were related to poorer subjective sleep ($r = -.46$ to $-.39$, $p < .01$) and depression correlated to sleepiness ($r = .32$, $p < .01$).
Conclusions.– Although anxiety and depression affect insomnia, they seem to be nonspecific factors leading to poorer sleep in other disorders. Moreover, it is possible that in chronic insomnia they do not affect sleep anymore being a reaction to daytime functioning problems. Research is supported by the Russian Foundation for Basic Research, project No. 17-06-00363.
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E-PP1216

The role of attention in changes of "sleep-wake cycle": comparing day and night effects of attempts to improve wakefulness, sleep and sleep hygiene

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Background and aims.– According both to attention-intention-effort model (Espie et al., 2006) and body functions regulation model (Tkhostov, 2002) excessive attention to sleep lead to sleep fragmentation in healthy subjects (Rasskazova et al., 2014) and could be a factor of insomnia.
The aim was to compare effects of attention to sleep, wakefulness and to sleep hygiene (as control condition described as effective in behavioral models) in good sleepers.
Methods.– 123 adults (83 females) 19–45 years old without sleep disorders were randomly assigned to three conditions for 7 days: 35 were asked to use any possible strategies to improve their sleep, 42 – their wakefullness and 47 – sleep hygiene. For 2 days before and 2

days at the end they appraised every evening their day (using 0–10 Likert scale) and every morning filled Glasgow Content of Thoughts Inventory (Harvey, Espie, 2004) and Sleep Diary (Morin, 1993).
Results.– Any attempts to improve "sleep-wake cycle" led to better sleep and alertness in the morning appraisals ($F = 9.10–13.34$, $p < .01$, $\eta^2 = .11$) as well as higher day-time achievement and less thoughts before sleep ($F = 3.18–3.21$, $p < .05$, $\eta^2 = .03$). Increase in day-time achievement tended to be more prominent in those improving wakefulness ($F = 1.92$, $p < .08$, $\eta^2 = .03$). Emotions tended to improve after experiment in those concentrating on wakefulness and on sleep ($F = 1.81$, $p < .10$, $\eta^2 = .03$).
Conclusions.– Results support that in good sleepers any strategy could be effective with two marginal effects in favor of concentration on wakefulness and sleep comparing to hygiene. Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01211.
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E-PP1217

Long-term efficacy and safety of pediatric prolonged-release melatonin for insomnia in children with autism spectrum disorder

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Background and aims.– To investigate PedPRM (2,5,10 mg) long term efficacy and safety in patients receiving 1 year of PedPRM, as well as caregivers outcomes.
Methods.– A prospective 9-months open-label follow up study of efficacy and safety of PedPRM in community dwelling patients with ASD/NGD. Sleep measures included the validated caregivers' Sleep and Nap Diary (SND) and Composite Sleep Disturbance Index (CSDI). Caregiver measures included Pittsburgh Sleep Quality Index (PSQI) and quality of life (WHO-5 well-being index).
Results.– The improvements in total sleep time (TST), sleep latency (SL) and duration of uninterrupted sleep (longest sleep episode) seen in the double blind-phase with PedPRM vs placebo were maintained throughout the follow up period. Subjects treated continuously with PedPRM for 52 weeks ($N = 41$) slept on average 62.08 minutes longer ($p = 0.007$), fell asleep −48.6 minutes faster ($p < 0.001$) and had longer uniterrupted sleep duration (89.1 minutes; $p = 0.001$). In addition, quality of sleep improved ($p < 0.001$) and number of awakenings decreased > 50% ($p = 0.001$). In parallel, there were statistically significant and clinically relevant improvements in Child's sleep disturbance and parents satisfaction of their child's sleep patterns (CSDI), caregiver's sleep quality (PSQI) ($p < 0.001$ for all) and quality of life (WHO-5) ($p = 0.001$) in all completers regardless of randomization history ($N = 79$). PedPRM was generally safe; the most frequent treatment related adverse events were fatigue in 5.3% (5 events) and mood swings in 3.2% (3 events) of patients.
Conclusions.– PedPRM is an effective and safe treatment option for long term (52 weeks) treatment of children with ASD suffering from insomnia and consequently improved caregivers well–being.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1218

Sleep disorders for chronic pain

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Background and aims.– Sleep disorders are common with a frequency of 10–20% among patients of outpatient department, and for patients with chronic pain it reaches 70%.
Aims. Assess the type and frequency of sleep disorders in patients with chronic nonspecific low back pain
Methods.– A study was made of the patterns of sleep disorders in 30 patients with acute and 30 with chronic nonspecific low back pain. The intensity of pain was assessed on a subjective visual analogue scale, sleep disturbances - according to its characteristics.
Results.– Among the respondents with acute nonspecific pain, the mental/physical labor distribution in the group was 12/18,the pain intensity was 4.9 ± 1.3 points in the VAS, the duration of the disease was 13.9 ± 3.8 days, the sleep disturbance was 58.8%. In the group of chronic nonspecific pain, there were also more intellectuals (21 patients). The intensity of pain was 4.3 ± 0.8, and the duration of the disease was 9.5 ± 1.4 months. Sleep was disturbed in 92.8%. Correlation analysis to assess the association of sleep disorders with age revealed a negative correlation in both groups ($p = -0.386$ ($p = 0.035$) for acute and $p = -0.594$ ($p = 0.001$) for chronic pain). Similar characteristics were related to the duration of pain and sleep disorders ($p = -0.318$ ($p = 0.043$) for acute and $p = -0.613$ ($p = 0.004$) for chronic pain),pain intensity and sleep disturbances ($p = -0.273$ ($p = 0.040$)) for acute and $p = -0.355$ ($p = 0.012$) for chronic pain),mental labor and sleep disorders in cases of chronic pain syndrome ($p = -0.542$ ($p = 0.006$).
Conclusions.– A direct relationship was established between the duration of pain syndrome and the intensity of pain in patients with nonspecific low back pain. The frequency of sleep disorders increases with the age of patients and in persons of mental labor
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1220

Health and gender differences in relation to stress response

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Background and aims.– 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.
Aim. –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 a conflict of interest statement.

E-PP1221

Quality of life, perceived stress severity and depressive symptoms in sleep bruxism

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Background and aims.– Sleep bruxism (SB) is a relatively common phenomenon in adults (13% ± 3% of general population) and affects mostly patients aged 20–40. It is characterized by presence of regular or frequent tooth grinding sounds occurring during sleep, which lead to abnormal tooth wear or other symptoms (e.g. masticatory muscle pain). The aim of this study was to assess quality of life (QoL), depressive symptoms and perceived stress severity in patients with SB.
Methods.– 71 adults (mean age = 34,5 ± 10,6) with SB and no other important medical conditions underwent video-polysomnography (v-PSG) in order to confirm diagnosis. They were evaluated with battery of tests, including Perceived Stress Scale-10 (PSS-10), WHO Quality of Life BREF questionnaire (WHOQOL-BREF) and Beck Depression Inventory (BDI).
Results.– In PSG evaluation moderate SB was diagnosed in $n = 24$ (33,8%) and severe SB in $n = 30$ (42,25%) participants. In the SB group $n = 16$ (29%) patients had positive score in BDI and $n = 26$ (48,15%) scored positively in PSS-10. No significant differences in BDI and PSS-10 scores have been observed between SB and healthy group. QoL in somatic and psychic domains was significantly lower in groups with positive PSS-10 ($p < 0,01$) and BDI ($p < 0,0001$). Other factors contributing to lower QoL were identified.
Conclusions.– Development of different psychiatric and somatic symptoms in course of SB suggests that interdisciplinary approach, including mental healthcare, may be required in SB management. As psychosomatic background of this disorder is still not confirmed, we suggest that psychiatric symptoms may contribute to SB as well as result from it, what is typical for most psychosomatic disorders.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1222

Sleep paralysis in sample of Polish university students: prevalence rates and characteristics

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Background and aims.– Sleep paralysis (SP) is a phenomenon associated with disruption of rapid-eye movement (REM) sleep. The prevalence of SP among university students is estimated to be between 5.3% to 55.8%. Only one study in Europe to our knowledge has assessed the prevalence of SP among student populations, namely in Ireland.
The aim of this study was to determine: (1) prevalence rates of SP and (2) psychological and somatic symptoms accompanying SP in a Polish sample of university students.
Methods.– The current sample consisted of 2598 students (2073 female, 525 male) recruited from a number of Polish Universities. A web-based, survey style approach was utilized in the present study. The survey consisted of a socio-demographic questionnaire and the Sleep Paralysis Experiences and Phenomenology Questionnaire.
Results.– Prevalence rates of SP was high: 33.1% of participants reported at least one episode of SP in their lifetime (32.3% female, 36.6% male). Of those who reported at least one lifetime episode, 29.5% had experienced four or more episodes during the previous year. A total of 64.0% reported hypnopompic or hypnagogic hallucinations (visual hallucinations were the most common: 44.0%). A total of 94.7% complained about somatic symptoms during SP (most commonly a rapid heartbeat: 72.5%), 96.6% felt fear and 41.8% fear of death.
Conclusions.– The prevalence of SP among university students in Poland was higher than Ireland (33.1% vs. 19.9%). Results of this study were in keeping with cross-cultural research, indicating that SP among university students is associated with hallucinations, somatic symptoms and fear.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1224

E-designer drugs - novel psychoactive substances in liquids for e-cigarettes

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Background and aims.– Classic e-liquids for vaporizers and e-cigarettes contain nicotine in a propylene glycol solution. A new phenomenon on the drug market is the intentional addition of novel psychoactive substances to liquids for e-cigarettes. Our objective is drawing attention to a new health problem, so called drug vaping.
Methods.– Analysis of two cases from the expert practice of the authors, one with survival of the victim, and one lethal.
Results.– In the first case, the father of a 17-year-old girl has provided to the toxicological analysis e-cigarettes with the content of viscous liquid that she used. After burning, she began to behave strangely and experienced epileptic seizures. In the analyzed sample from evidence material, the presence of a substance characterized by a pseudomolecular ion with a value of m/z = 375 and the retention time corresponding to the furanylfentanyl (an opioid analgesic, also known as Fu-F) pattern was demonstrated. In the second case, an adult man was supposed to smoke an e-cigarette, to which he added cannabinols, before his death. In the analyzed blood sample the presence of a substance characterized by a pseudomolecular ion with a value of m/z = 378 and a retention time consistent with the standard of 5F-ADB (an indazole-based synthetic cannabinoid, also known as 5F-MDMB-PINACA) was demonstrated. Additionally, in the analyzed urine sample two metabolites of 5F-ADB have been found.

Conclusions.– The use of electronic vaping devices for recreational drug and new psychoactive substance (NPS) administration is a real new danger for health and even live of abusers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1225

Method of integrated prediction of relapses in alcohol addiction

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Background and aims.–
Introduction.– Current addictology science and clinical practice regard an effective way to improve treatment for alcohol dependence (AD), which is based on evolution of conceptual framework of clinical polymorphism of remission states and relapse dangerous clinical situations (RDCS), their timely clinical diagnosis for preventive, targeted, relieving anti-relapse therapeutic interventions. To objectify RDCS, present-day addictology, psychiatry, pathopsychology avail of large range of modalities for interviewing, tests, scales, questionnaires, etc.
Objectives.– To develop a new, original way of integrative prediction of AD relapses.
Methods.– MADRS, HADS, Hamilton, Spielberger–Khanin scales, clinician's global impression (CGI), Quality of life (QoL) indicator international test, tremor laser diagnosis (patent 29650, UA).
Results.– Method for integrated diagnosis of alcohol dependence relapses possibility (Patent 79063, UA), which contains identifying of specific AD symptomatic and syndromology signs, namely: pseudowithdrawal syndrome, subject dreams, asthenic irritability, depressive and dysphoric manifestations, anxiety, dissomnic disorders, pathological craving for alcohol, etc., and additional targeted test monitoring of general psychological QoL indicators, and latent tremor laser diagnosis, was developed. Evidence of one and more RDCS in the patient: QoL total reduction to 73.0 and less; three QoL scales ("physical well-being", "psychological well-being" and "general perception of the quality of life") total reduction to level 22 or less; latent or evident tremor diagnosed by laser screening – diagnose the possibility of remission failure, the alcohol relapse.
Conclusions.– The proposed method of prediction of AD relapse, tested on a large population of alcohol dependent individuals in remission period, is reliable for validity and reproduction in addictology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1226

Method of treatment of alcohol (beer) dependent patients

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Background and aims.–
Introduction.– Predominant type of the abused alcoholic beverage determines specific intoxication and addiction clinical structure. It is notably relevant considering the present-day beer dependence, with well-known clinical and psychopathological features transformed significantly due to beer hypervolemia, disordered kidneys, cardiovascular, liver, pancreas, brain, detoxification physiological systems, etc.
Objectives.– Innovation improving effectiveness of method for alcohol (beer) dependence therapy.
Methods.– Components for new pharmacological complex were searched by analytical screening of pharmacotherapeutic properties of drugs, and recommended principles, considering beer dependence characteristics: 1) beer hypervolemic status; 2) contraindicated intravenous administration of plasma substitutes; 3) polymorphic intoxication factor; 4) beer lesions of vital organs and systems; 5) possibility to use Colme (Cianamid, Spain) – effective anti-alcohol sensitization agent, which is positively different compared to the complications and side effects of Disulfiram.
Results.– The developed method for treating alcoholic beer dependence (Patent 8518, UA), tested in 46 patients, includes preventive use of conventional detoxification therapy, and tetrad pharmacological complex: hepatoprotector Antral 0.2 g three times a day, for 21–30 day course; diuretic Trifas (Torasemide), a quarter/half pill once per day, for 2–3 days; oral enterosorbent Atoxil (Silicium dioxide) daily 12 g, dissolved in 250 ml of water, divided into 3–4 meals per day, for 3–5 day course; sensitizer Colme (Cianamid) 36–75 mg (12–25 drops of standard solution), twice daily, for 3–4 week course; against the background of psychotherapeutic potentiation, mediation and suggestion.
Conclusions.– An original complex of valid pharmacological tetrad was proposed, which significantly increases differentiation and effectiveness of therapy for beer addiction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1228

Why do adult people whose parents were alcohol addicts feel guilty

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Background and aims.– In Russian Federation there are over 12 million families, where parents have alcohol addiction. Toney A. in the 12-step recovery program for adults whose parents were alcohol addicts wrote, that these people usually feel guilty because their parents did not take care of them. Most of the research on this topic was conducted either on mentally ill people, or on individuals who suffered from alcohol or other addictions.
Objectives.– To study the feelings of guilt and shame experienced by adult people whose parents were alcohol addicts.
Methods.– The sample: experimental group ($n = 50$) consisted of mentally healthy adults who did not suffer from addictions but whose parents were alcohol addicts and 50 controls. We used: 1) guilt questionnaires ("The Interpersonal Guilt Questionnaire", "The Guilt Inventory Questionnaire", 2) a lot of qualitative methods (analysis of Thematic Apperception Test, a phenomenological analysis of the transcripts of the public meetings 12-step recovery program, phenomenological analysis of interviews).
Results.– Guilt experienced by adults whose parents had alcohol addiction scored significantly higher than the feelings of guilt in control group ($p = 0{,}038$).
Conclusions.– Adults whose parents were alcohol addicts felt guilty in situations when they took care of somebody and did not know how to do this because their parents did not take care of them. The participants of the experimental group were also inclined to experience guilt as a taboo offense against the parents, the guilt in the experience of the death of close relatives.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1231

Trajectories of the use of substances in the transition from the adolescent mental health center to the adults mental health center; a descriptive study

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Background and aims.–
Introduccion.– The use of psychoactive substances (PS) remains one of the greatest public health concerns in the world with significant costs for society. For most young people, experimentation with psychoactive substances during adolescence is transitory. However, it can lead to social and medical problems that can be maintained during the adulthood.
Objectives.– The aim of this study is to describe the evolution of the use of substances in the transition from adolescence to adulthood in a group of patients that come from the Adolescent Mental Health Center to Adults Mental Health Center.
Methods.– A total of $n = 41$ patients that came from Adolescence Mental Health Center were registered between 2015–2017 in "Martí i Julià Adults Mental health Center". PS use was assessed. The information included in the database was completed with electronic medical reports. Cross-sectional descriptive analysis was performed using software "IBM SPSS Statistics (Chicago INC)".
Results.– From a total of 41 patients, 9 used PS during adolescence. Only 1patient discontinue the use during adulthood. From the non-PS-users during adolescence, 4 become PS users in adulthood. From the total PS users in adulthood, 66,7% had family problems and 91,7% had school problems.
Conclusions.– CONCLUSIONSMost of patients who initiate PS use during adolescence maintain using PS in their adulthood. These patients have a vulnerable socio-familiar situation. It is important to prospectively study these patients in order to make early interventions to reduce the damage related to the use of psychoactive substances.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1236

Supporting the change of addictive behaviors: a group motivational approach

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Background and aims.– Changing an addictive behavior is a long process requiring a huge psychic energy called motivation. To make this energy emerge, motivational groups are an effective therapeutic tool.
Our objective is to present a model of motivational group work aiming to promote the change of addictive behaviors.
Methods.– We followed the work steps of patients engaged in a weekly motivational and open group, on a 5-week cycle at the Addictology Day Hospital of the Public Establishment of Mental Health of Vendée, from February to March 2018.
Results.– The number of patients varies from 8 to 12 in each session, depending on absences, withdrawals and new admissions. Patients are at different stages of change according to the Prochaska and Di Clemente model and suffer from substance and / or behavioral addictions. Each session lasts one hour and is co-animated by an addictologist and a caregiver. During the first session (11 patients) we tried to explore and resolve the ambivalence by demonstrating the physical effects of addictive behaviors. The second session (8 patients) aimed to highlight the values of each patient, then to complete the decisional balance. In the third (9 patients) and fourth week (12 patients), we worked on builduing self-esteem and identifying the skills of each patient. In the last session (8 patients) we summarized everyone's progress and promoted exchanges between patients in order to pool their experiences and their reflections.
Conclusions.– The group approach, very valuable in addictology, allows to empower the motivational interviwing and strengthen its effectiveness in the management of addicted patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Suicidology and suicide prevention - Part I

E-PP1238

Suicide, the new big pandemic? an approximation to the real world suicide data

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Background and aims.– Suicide is an important health problem that causes 800,000 deaths/year in the world. It is an important cause of morbidity too, with little medical attention. For mental health professionals, suicidal behavior is a nuclear issue. It has a transversal association with several diseases, mainly depression. And we have a need to establish effective prevention strategies because of the devastating results.
Objectives.– To show the real world suicide data in the world and in Europe.
Methods.– We have reviewed the data of the World Health Association, Eurostat and we have done a systematic review in PubMed.
Results.– For every suicide, there are many more suicide attempts every year. Among the general population, a suicide attempt is the single most important risk factor. Suicide is the second leading cause of death in the 15–29 age group. 78% of all suicides occur in low and middle income countries. Pesticides ingestion, hanging and firearms are some of the most common methods of suicide in the world. By country, the highest rates worldwide are found in the ex-Soviet countries (Lithuania, Russia, Slovenia, Hungary) and Eastern countries (South Korea and Japan). Brazil, Mexico, Colombia, Greece, Turkey and South Africa have the lowest rates (Figure 1). According to WHO data, in the last years, suicide has become Europe's leading cause of violent death among young people, even above traffic accidents.
Conclusions.– Suicide data are in many cases controversial due to the taboo that still exists on this phenomenon and the difficult classification and definition of a multifactorial and complex behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1241

The variability of regional suicide rates in Poland - searching for explanations

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Background and aims.– In the years 2007–2016 over 5,800 people took their lives annually in Poland, what ranked Poland among European countries with the highest number of suicides. The aim of the study was to analyze variables potentially influencing regional suicide rates and to present them in a visual way.
Methods.– Data on suicide and selected demographic, socioeconomic, health and healthcare variables for 16 NUTS-2 regions (pl. "województwo") were obtained from the Statistics Poland (GUS). Age-specific suicide rates for age groups 15–24, 25–44, 45–64 and 65+ were calculated. Suicide rates, as well as selected risk factors for suicide for three years: 2007 (the lowest suicide rate), 2009 and 2013 (both the highest suicide rates) were presented using the cartographic approach.
Results.– Suicide rates showed a relatively stable pattern. The regional suicide rates were the highest in the western part of Poland (along the German border) and the lowest in southern Poland (Śląskie and Opolskie). Suicide rates in 2009 and 2013 increased in the areas with the increase of the percentage of population over 65 years old, mortality rates, divorce rates and GDP.
Conclusions.– Cartographic approach helps to better understand differences in regional suicide rates in Poland, which are related to the profile of risk variables that are relatively stable and specific for the different NUTS-2 regions. Differences in regional suicide rates in various age groups, and related to demographic, socioeconomic, health and healthcare variables, should be taken into account when planning and implementing national and regional suicide prevention strategies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1242

Estimation of future suicide risk in psychiatric inpatients with a 6-item questionnarie

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Background and aims.–
Introduction.– Estimation of suicide risk is difficult task, and the clinical utility of different suicide risk scales is far from ideal.
Objectives.– Previously we have developed a 6-item, clinician-rated (yes/no) questionnarie that has been able to detect current and past suicide risk with high sensitivity and specificity among acutely admitted psychiatric inpatients (Rihmer et al., 2018). In the present study we report preliminary data on short-term follow-up.
Methods.– Methods: The 151 (75 suicidal and 76 non-suicidal) psychiatric inpatients, admitted between 1 November 2016 and 31 March 2017 were followed till 31 September 2018. Cases of completed suicides and suicide attempters receiving medical attention were recorded.
Results.– Results: During the 18-month follow-up 2 patients (1.3%) completed suicide (a 46 year old male with Bipolar II disorder and a 57 year old female with Schizoaffective disorder). Both of them were at baseline among the 75 suicidal inpatients and belonged to the group of "Marked suicide risk" (range: 16–28 points) and scored 28 and 26 points, respectively. Suicide attempts has been made by 6 patients all of them belonged to initially "Marked suicide risk" group (one initially nonsuicidal, 16 points and 5 initially suicidal, 22, 26, 26, 26, and 28 points, respectively)
Conclusions.– Conclusion: Despite the short follow-up and the small number of suicidal cases, our preliminary results suggest that this short, simple questionnarie might be helpful not only in detecting current asnd past suicidality but also predicting future suicide risk among discharged psychiatric inpatients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1243

Specificities of mental health problems in the countries of the Maghreb region, through scientific publications on the theme of suicide. a systematic review

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Background and aims.– In an article published in the journal "La Tunisie médicale" in 1972, Professor Sleim Ammar, a visionary North African psychiatrist, announced: "suicide is a public health problem."
This work aims to describe the profile of Maghreb publications, indexed in the Medline database, on the topic of suicide during the last forty years, and to extract the Maghreb specificities of the epidemiology and the suicide management, used as tracer of Maghreb mental health.
Methods.– This is a systematic medical review, on the theme of "suicide" in Maghreb region. We submitted a distinct and clear search term to the Medline database, via its online interface, "PubMed", on May 16, 2018. we described the bibliometric characteristics of these Maghreb studies, synthesized the analysis of their content, detailed the documented facts and the recommended proposals.
Results.– Out of 32 Maghreb articles on suicide, selected for this literature review, 18 were Moroccan and 13 were Tunisian. Two-thirds of them published after 2010. The snapshot of Maghreb research indexed on Medline, on suicide, was: a publication written in French, focused on the attempts of suicide, with a monocentric and descriptive methodological approach, written by a psychiatry team and published in an "open access" African journal. The recommendations of these publications were often general and not operational.
Conclusions.– The north african scientific research on suicide remains unproductive and of low methodological quality. The focus towards primary suicide prevention, as part of a comprehensive public health approach, would be essential for the promotion of mental health in the region
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1244

Emotion dysregulation and suicidal ideation: the role of dysregulation of positive emotions

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Background and aims.– Suicide is a major health issue worldwide and a substantial body of research claims that difficulties in the regulation of negative emotions (rather than emotion themselves) may play a predominant role in suicidal ideation and in suicidal behavior. However, limited research has explored the role of difficulties in the regulation of positive emotions in suicidal ideation.
This study aims to explore this connection in a non-clinical sample. We hypothesized that individuals that report greater difficulty in regulating negative emotions would be more likely to present suicidal ideation and that difficulties in the regulation of positive emotions could mediate this relationship.
Methods.– Participants included 150 undergraduate students. Demographic information, including clinical history, were collected in a form. Suicidal ideation was assessed using Beck Suicide Ideation Scale (BSI; Beck & Steer, 1991), difficulties in regulation of negative emotions were assessed using Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004), whereas difficulties in the regulation of positive emotions were assessed with Difficulties in Emotion Regulation Scale - Positive (DERS-P; Weiss et al., 2015).
Results.– Analyses were conducted to determine the relationship between dysregulation of negative emotions and suicidal ideation, confirming literature, and the mediating role of difficulties in regulation of positive emotions.
Conclusions.– The generalizability of our findings may be limited due to the small size of our sample and to demographic characteristics. So further research is needed to explore deeply the relationship between emotion dysregulation and suicidal ideation.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1245

Evolution of the suicide trend in Tunisia: a national study from 2012 to 2016

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Background and aims.– Suicide is a major public health problem both globally and nationally. An increase in the suicide rate with new trends have been noticed since the revolution in Tunisia, but few national data were available to give account of the extent of this phenomenon.
Aims: to analyze the trend of suicide in Tunisia over 5 years and to deduce the evolutionary patterns according to age, sex and suicidal means.
Methods.– A retrospective and cross-sectional study, including all the autopsied cases for which there was a strong presumption to correspond to a suicide and this in all of the Legal Medicine Departments of Tunisia between January 2012 and December 2016.
Results.– We collected 1598 cases of suicide over the 5 years of study. The average age was 36.51 years with a sex ratio of 2.60. The prevalence of suicide showed a significant rise between 2013 and 2015; from 2.51 to 3.27 per 100,000 inhabitants; followed by stabilization between 2015 and 2016. Adults aged between 25 and 35 years accounted for the quarter of the population. Men had 3 times more use of violent means than women. Hanging was the most frequently used method for both sexes (57.38% for males and 41.24% for females), followed by self-immolation for males (20.5%) and drug ingestion for women (28.38%).
Conclusions.– Our results confirm the vulnerability of young male adults to suicide, the strong propensity for violent means and the new self-immolation's trend after the revolution. Urgent preventive measures as part of a national strategy are much needed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1246

Risk of suicidal recurrence in patients with family dysfunctions

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Background and aims.– Although several factors are associated with suicidal behavior, it seems that family dysfunction predisposes patients to suicide attempts.
We aimed to investigate the family factors associated with suicidal recurrence in suicidal outpatients followed at the department of psychiatry of Gabes.
Methods.– This was a retrospective descriptive and analytical study. The study focused on all the patients who attempted suicide and who were referred to the department of psychiatry of the regional hospital of Gabes. Patients were questioned about their sociodemographic characteristics and their family environment.
Results.– 124 patients were included. They were females (82.3%) and singles (82.3%). The mean was age 25 years. Suicidal patients lived in a disrupted family environment in 52.4% of cases, marked by the presence of intra-family conflicts (25.8%), a mental disorder in one of the parents (16.9%) and abuse (15.3% of cases). A family history of suicide suicide attempt in the family was present in 4% of cases. The univariate analysis showed that suicidal recurrence was significantly associated with the presence of a mental disorder in one parent (33.3% vs. 14.6%, $p = 0.05$) and parental divorce (66.7% vs 13.9%, $p = 0.001$). The multivariate analysis showed that only the presence of a psychiatric history in one of the parents was a determinant of the risk of suicidal recurrence (OR = 6.9 [1,2–38], $p = 0,02$)
Conclusions.– This study demonstrates the importance of considering the family environment when examining suicidal ideation patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1247

Brain derived neutrophic factor serum levels in suicide attempters

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Background and aims.– Suicidal behaviour is a complex phenomenon with a multitude of risk factors. Brain-Derived Neurotrophic Factor (BDNF), a protein crucial to nervous system function, may be involved in suicide risk.
The aim of this study was to assess serum level of BDNF in suicidal patients and to determine associations between BDNF levels and psychopathological features.
Methods.– We have conducted a case-control study. Suicide attempters who have been received in emergency department or intensive care unit of Farhat Hached Hospital of Sousse, Tunisia, free from chronic inflammatory or autoimmune disorders were recruited. They were compared to control subjects, matched for age, sex and body mass index, enrolled among volunteer blood donors. Current symptoms were assessed with depression

(Beck Depression Inventory), anxiety (Hamilton Anxiety Scale) and impulsiveness (Barratt Impulsiveness Scale). Serum BDNF levels were measured with ELISA techniques.
Results.– Thirty-one patients were recruited. They had an average age of 26.00 ± 9.80 years with a sex ratio of 0.4. At the time of the evaluation, 87.1% had severe depression and 48.4% moderate to severe anxiety and 12.9% had a high despair score. No significant difference was found between patients and controls regarding BDNF serum levels. There were no association between serum BDNF level and clinical and psychopathological data.
Conclusions.– Our results argue against the involvement of BDNF in suicidal behavior. These results should be viewed with caution due to the small number of subjects recruited in this study as well as the non exploration of the BDNF gene polymorphism.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Suicidology and suicide prevention - Part II

E-PP1248

Deliberate self-harm reattemps in older adults in emergency department: an observational cohort study

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Background and aims.– Older adults have the highest suicide rates. Deliberate self-harm (DSH) is a better predictor for completed suicide than in the general population, which makes its management in the Emergency Department (ED) extremely valuable. There are no specific evidence-based suicide prevention strategies for this age group and it is not known whether the ones designed for the general population are suitable. The aim of this study is to evaluate the rate of repetition of DSH in older adults in comparison to young adults.
Methods.– We conducted an observational study including 1616 patients receiving medical and psychiatric care after a DSH at a general hospital ED between years 2013 and 2016. The principal outcome measure was ED return due to DHS. Time to relapse was obtained from hospital records. We derived Kaplan-Meier survival functions. Cox proportional hazard regression models were used to estimate unadjusted and adjusted hazards of relapse by social and clinical covariates.
Results.– The Kaplan-Meier survival function of reattempts in young (blue) and older adults (grey) with its 95% CI its shown. A statistically significant difference was founded, HR (95%CI): 0.82 (0.72–0.95). However, this difference is lost after adjusting by sex an presence of psychiatric diagnose, sustance abuse and family support (figure 1).

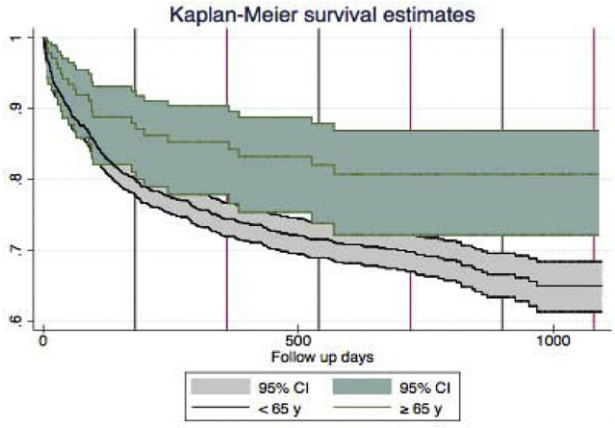


Figure 1. Kaplan-Meier survival estimates

Conclusions.– In the studied cohort the lower frequency of DSH of older adults is lost after adjusting by other known significant variables. Therefore, it is possible that the described suicide prevention strategies for the general population are useful in this age group.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1249

Suicide prevention strategies

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Background and aims.– Suicide is defined as death caused by self-directed injurious behavior with intent to die. The difficulty of establishing a standard of care for the management of suicide risk is a recurrent problem.
Aim.– To compare the different suicide prevention strategies available.
Methods.– Nonsystematic literature review using the following keywords "suicide", "suicide risk assessment", "suicide prevention contract", "no-suicide contract" and "suicide prevention".
Results.– We found four different approaches to suicide prevention. The suicide prevention contract (SPC) whereby a patient's promise of safety is obtained in the context of suicidal thoughts, impulses, or behaviors; The crisis response plan (CRP), where a plan is written on a small card that outlines the steps for identifying one's personal warning signs, using coping strategies, activating social support and accessing professional services; The safety planning (SP), a component of a cognitive behavioral therapy (CBT) for suicide prevention, where the provider and patient list strategies for the patient to use when suicide ideation is elevated and Brief CBT (BCBT), a 12-session outpatient psychotherapy.
Conclusions.– We found that SPC was largely ineffective or potentially even harmful; CRP was more effective than SPC; SP, although some positive results, has not been yet definitely tested and BCBT reduced significantly the suicide attempts in some samples. Additional research is warranted to further clarify which components of the different strategies contribute most to reduce suicidal thoughts and behaviors.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1250

Suicidality, mood disorder and personality pathology in adolescence

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Background and aims.– Suicide prevention represents a primary global Health goal (WHO, 2014). Many psychopathological conditions, mainly Mood and Adaptive disorders, have been considered to account for suicidality in adolescence, but only few studies have investigated the role of personality pathology. Aim of the study is to analyse the role of mood disorders, personality disorders and traits in adolescence suicidality.
Methods.– 52 adolescents assessed as at risk for suicidality in the Mood Disorder Program of Bambino Gesù Children's Hospital, were assessed with: Columbia Suicide Severity Rating scale; Kiddie Schedule Affective Disorder and Schizofrenia (K-SADS); Child Depression Rating Scale; SCID II; K-SADS-Mania Rating Scale. Bivariate and partial correlations were performed for continuous variables and χ^2 for dichotomous ones.
Results.– Mood disorders are significantly correlated with severity and intensity of suicidal ideation and the presence of suicidal conduct, in a partial correlation model controlling for personality disorders and traits, only intensity and severity of ideation are still correlated with the severity of depressive and maniac symptoms. Either a Cluster B personality disorder diagnosis or traits are significantly correlated with suicidal conducts, lethality of the act and NSSI. In a partial correlation model controlling for the severity of depression and/or maniac symptoms, those correlations with Cluster B personality traits, are still significant.
Conclusions.– Results seem to indicate two possible different psychopathological pathways of risk for suicidality in adolescence: mood disorders and symptoms are associated with suicidal ideation and attempts, while pathological personality traits and diagnoses, namely, BPD, HPD, NPD are associated with the whole gamut of suicidal conducts.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1251

Altered RNA editing in PDE8A mRNA in suicide brain

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Background and aims.– Phosphodiesterases (PDE) are key modulators of signal transduction and are involved in inflammatory cell activation, memory and cognition. There is a two-fold decrease in the expression of phosphodiesterase 8A (PDE8A) in the temporal cortex of major depressive disorder (MDD) patients, PDE8A mRNA editing is modified by interferon a treatment.
We studied PDE8A mRNA-editing profile in two distinct cortical regions in a clinically well-characterized cohort of age- and sex-matched controls and depressed suicide decedents to assess the role of RNA editing as a biomarker of suicidality.
Methods.– We used RT-PCR and capillary electrophoresis single-stranded conformational polymorphism (CE-SSCP) to specifically identify A-to-I RNA modifications in PDE8A intron 9 mRNA.
Results.– We report the full editing profile of PDE8A in the brain, including identification of two novel editing sites. Editing of PDE8A mRNA displayed clear regional difference when comparing dorsolateral prefrontal cortex (BA9) and anterior cingulate cortex (BA24). Furthermore, we report significant intra-regional differences between non-psychiatric control individuals and depressed suicide decedents, which could discriminate the two populations.
Conclusions.– Our results highlight the importance of immune biomarkers in major depressive disorder and suicide, and provide the first immune response-related biomarker for suicidality identified in the brain. As PDE8A can be detected in white blood cells, the link between PDE8A mRNA editing and suicide could pave the way for the identification of a blood-based biomarker that predicts suicidal behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1252

Relationship of internet gaming disorder symptoms with self-mutilative behaviour among young adults

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Background and aims.– The aim of the present study was to evaluate relationship of Internet gaming disorder (IGD) symptoms with self-mutilative behaviour (SMB), while controlling the effects of depression, anxiety, neuroticism and extraversion among young adults.
Methods.– The study was conducted with online survey among 1010 volunteered university students in Ankara and people who play games on the Internet and who are in the e-mail database of a company located in Istanbul that organizes e-sports tournaments. Participants were evaluated by applying the Internet Gaming Disorder Scale – Short Form (IGDS-SF), the Eysenck Personality Questionnaire Revised-Abbreviated Form (EPQR-A), the Beck Anxiety Inventory (BAI) and the Beck Depression Inventory (BDI).
Results.– Age and gender did not differ between those with SMB ($n = 207$, 20.5%) and those without SMB ($n = 803$, 79.5%). IGDS9-SF, depression, anxiety, neuroticism and extraversion scores were higher among those with probable ADHD. In linear regression analysis, severity of IGD predicted the presence of SMB, together with depression, anxiety and neuroticism.
Conclusions.– These findings suggest that the severity of IGD is related with the presence of SMB, together with depression, anxiety and neuroticism among young adults.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1253

Suicide and spirituality: a multicenter study of Austrian and Italian psychiatric patients and students

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Background and aims.– In recent years a growing interest is emerging in determining the role of religiosity and spirituality on suicide risk. Different dimensions of spirituality/religiosity, including *Spiritual Well-Being* would represent either a risk factor or a protective factor for suicide.
The principal aim of this research, which is part of a larger multicentre study, was to determine the role of the different faces of spirituality/religiosity on suicide risk. According to the importance of cultural differences on suicide risk, the second aim of this study was to identify the possible mediators of the relation between spirituality/religiosity and suicide risk.
Methods.– 1043 people were tested in central Italy, northeast Italy and eastern Austria. The questionnaires were filled in by 410 psychiatric inpatients and 633 university students. This measures were applied: *Sociodemographic questionnaire, Columbia-Suicide Severity Rating Scale-B, Symptom-Checklist-90-Standard, Big Five Inventory, Multidimensional Inventory for Religious/Spiritual Well-Being (MI-RSB)*, and *International Statistical Classification of Diseases and Related Health Problems*.
Results.– The dimension of MI-RSB "Religious/Spiritual Well-Being" "Hope Immanent" and "Connectedness" presented in both samples the strongest negative relation to all suicide dimensions and to psychiatric symptoms. The risk factor or the protective factor of different faces of Religiosity (MI-RSB) were significantly influenced by regional differences and clinical state.
Conclusions.– Our study confirmed the multifactorial nature of the relation between suicide risk and various religious/spiritual dimensions demonstrating the role of regional differences as moderators of this relation in both clinical and nonclinical sample.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1254

Mental health and arquitecture: one solution for a suicide hotspot

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Background and aims.– Baixo Alentejo (BA), a region in Portugal, has one of the country's highest suicide rates. Several sites considered "suicide hotspots" have been recognized in this region. There is no exact number of suicides required to identify such a place. More than one suicide occurring at a particular location suggests it provides means or opportunity for suicide, and may therefore warrant intervention.
Silos of Moinhos de Santa Iria, located in Beja, BA, are an abandoned building complex that has been identified as one of Beja's "suicide hotspots". There has been at least one death by suicide per year at this site for the past 5 years.
Within the "Setembro Amarelo" ("Yellow September") campaign, we aimed to raise local awareness regarding suicide prevention and to develop interventions that may be implemented in order to reduce the risk of suicide at this particular "suicide hotspot".
Methods.– We invited a group of architecture students and teachers to develop projects for the rehabilitation of *Silos of Moinhos de Santa Iria*.
Results.– Three projects were developed: one for a hotel and spa, one for a workshop and market and another for a student's residence and study/investigation facilities.
Conclusions.– Means restriction is not the only valid suicide prevention strategy. Spaces and structures can be transformed and rehabilitated. We believe that the collaboration between architects and psychiatrists is a complementary partnership, because both professional groups, however distinct they may be, share a point of convergence, and this multidisciplinary work contributes to a continued improvement of mental health and quality of life.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1257

Profile of patients consulting in emergency for a sucide attempt in a clinical population of child and adolescent psychiatry

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Background and aims.– The profile of youth being referred to a psychiatric health care for suicidal attempt is evolving in Tunisia in recent years. Considering the seriousness of the act, understanding this change is necessary for all health professionals.
Objective.– The aim of our study was to determine the sociodemographic characteristics of the suicidal youth consulting the emergency of the child and adolescent psychiatric department at Razi hospital, the reference center at Tunis, capital of Tunisia.
Methods.– Two hundred and four patients consulted the emergency of the child and adolescent psychiatric department at Razi hospital between January and December 2017. Sociodemographic and clinical data were collected using a pre-established grid.
Results.– In our population, 36.8% of the patients consulted for suicidal attempt. The average age was 13.32, ranging from 7 to 17 years old. The sex ratio was 0.1. Of these patients, 16.9% have already made at least one suicide attempt and 5.7% have an history of self-harm. Twenty two percent have personal psychiatric antecedents and 29.5% have been abused or neglected. Thirty three percent were exposed to domestic violence. Thirty eight percent of the patients had a low socio-economic level. Familial psychiatric antecedents have been reported in 33.8% of cases.
Conclusions.– The profile is changing in favor of girls and the increase of risk factors. This study offers some information to understand the predictors of suicide in Tunisian youth and stress the urgent need of preventive strategies.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Suicidology and suicide prevention - Part III

E-PP1258

Relationship between particulate matter air concentrations and suicides in Poland in 2014 and 2015

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Background and aims.– Particulate matter (PM2.5 and PM10) concentrations and suicide rate in Poland are substantially higher than in other European countries. The possible relationship between long-term particulate matter levels and suicide rate requires using various methods of investigation. Therefore, the aim of our study was to evaluate this association by using geographic information system (GIS) and aspatial regression.
Methods.– Population and air pollution data were extracted from the Polish Central Statistics Office and Chief Inspectorate of Environmental Protection for the period 2014–2015. Aspatial multivariate and one factor regression analysis were performed and followed by spatial global regression analysis for voivodship reference units in geographic information system (GIS).
Results.– At the voivodeship level of aggregation data showed spatial stationarity. The best-fitting spatial global model was based on number of disorders caused by the use of psychoactive drugs, number of people treated in psychiatric hospitals, population density, unemployment rate and per capita income. Global spatial model with PM2.5 level parameter was an improvement over the one without it (adj. $R^2 = 0.87$ compared to adj. $R^2 = 0.83$).
Conclusions.– Particular matter concentrations and suicides in Poland have a positive relationship. Application of Geographic Information System analytical functions in medicine can be viewed as a new efficient methodological approach.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1259

Milestones in the development of national suicide prevention strategy in Poland

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Background and aims.– Poland has a relatively high suicide rate (about 15,2/100,000). Taking this situation into account a national suicide prevention strategy has been developed.
The aim is to analyze the milestones in the process of building Polish suicide prevention strategy, including factual data and legal basis.
Methods.– The important events in suicide prevention since 2000 on a national level have been identified. The stages in the development of Polish suicide prevention strategy are described in the chronological order.
Results.– Polish Suicidological Association established in 2002 became a center of scientific activity, including advocacy and annual publication of "Suicidology". Another important milestone was a suicidological conference in 2015 in Lodz, with the participation of representatives of Ministry of Health. In 2016, the National Health Program pointed out responsibility of Ministry of Health for the development of suicide prevention. This document resulted in creating the Working Group on Prevention of Suicide and Depression (2016) with its important advisory role. It brings together suicidologists, psychiatrists, public health experts, representatives of Ministries, Statistics Poland, Police, NGOs and media. Three subgroups were created to help with: 1/ development of a website for national online and telephone support for people in mental health crisis, 2/ development of a central registry of suicidal behaviors, and 3/ dialogue with media representatives. At the 1st Suicidology Congress in Lodz in 2018, the participants signed the Declaration, the cornerstone of Polish suicide prevention strategy.
Conclusions.– The milestones of national suicide prevention strategy have been reached due to networking experts, strengthened by the representatives of Polish government.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1260

High levels of PCR in patients that have committed a suicide attempt

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Background and aims.– Some studies have published that patients with intense autolytic ideation have higher PCR (protein C reactive) levels than depressed patients with mild autolytic ideation or control patients. Our aim is to describe the grade of inflammation that patients who have been interned in a Psychiatric Hospital after a suicide attempt present. We hypothesize basing on existing literature that these patients will have moderate or high levels of inflammation.
Methods.– We have collected data during six months on all patients who have been interned in a Psychiatric Hospital. We collected sociodemographic data, autolytic attempts, substance abuse problems, physical activity, chronic diseases, treatment and adherence to it. A sample of blood was taken including (Leukocytes, Fibrinogen, PCR, Vitamin D, and Prolactin) in addition we collected their body mass index and registered if they had fever or an infection (exclusion criteria). Afterwards the levels of PCR of the patients who had make a suicide attempt were analyzed and classified in low, medium or high level of systemic inflammation.
Results.– Out of the 36 patients that were hospitalized after having made a suicide attempt, 11 patients were excluded due to PCR > 10 mg / L. Among those 25 patients, 40% had a moderate level of systemic inflammation and 28% had a high level.
Conclusions.– In our sample, 68% of patients who made a suicide attempt had moderate or high levels of systemic inflammation. These results support the hypothesis in which there is a significate relationship between PCR levels and the presence of suicidal behaviors.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1261

Features of self-harm behavior of adolescents associated with the substances use

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Background and aims.– An investigation of the self-harm behavior of adolescents.
Methods.– Anonymous screening study of schoolchildren (10–18 years, *n* = 1780). Personal belief questionnaire – borderline personality disorder (Butler et.al., 2002); "Method of body modification and self-harm" (Polish N.A, 2017); "Suicidal personality-19" (Yunatskevich P.I., 2009); "Express test to identify attitude of adolescents to the substance use"; questionnaire "Risk group of drug addiction" (Khasan B.I., Tyumeneva Y.A., 2003), A single-factor analysis of variance was used, SPSS17.
Results.– For 10–11 years, the presence of body self-harm (SH) - 93.8%, 12–15 years - 72.1%; 16–18 years old –74%. Positive attitude to body SH presents at 10–11 and 12–15 years: 34.4% and 35%. Reduction of the indicator to 25% noted in 16–18 years. Substance use (SU) is expressed in the older age group: 10.4% use tobacco at 16–18 years; 4,5% - in 12–15 years and 3,1% - in 10–12 years. They drink alcohol at the age of 16–18 - 35%, 12–15 years - 17.1%, 10–11 years - 3.1%. Active interest in SU increases during the periods 10–11 (2.91%) and 16–18 years (2.92%), at the age of 12–15 it decreases to 2.61%. The maximum suicide risk was revealed in 12–15 years (2.86%), the minimum in 10–12 years (1.78%).
Conclusions.– Instrumental SH prevail in 10–11 years; in 12–15 years the risk of suicide increases; at the age of 16–18, the use of psychoactive substances is increasing. Interest in instrumental types of self-harm decreases at the age of 12–15 years against the background of increased risk of suicidal behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1262

Aircraft-assisted pilot suicides in the United States, copycat phenomenon and september 11, 2001

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Background and aims.– Pilot aircraft-assisted suicides are rare. There is limited understanding of copycat phenomenon, defined as suicidal behavior provoked by media exposure, among pilots. The aim of this study was to evaluate the possible effect the September 11, 2001 terrorist attacs had on pilot AASs in the U.S.
Methods.– Fatal aviation accidents in the National Transportation Safety Board (NTSB) database were searched using the following search words: "suicide", "murder-suicide" and "homicide-suicide". The timeline between September 11, 1996 and September 11, 2004 was analyzed. Only incidents in which NTSB reported the cause of the fatal accident to be pilot suicide were included.
Results.– Fourteen pilot or co-pilot AASs were analyzed. The relative risk (RR) of the pilot AASs in all fatal accidents in the U.S. was calculated in order to compare the one- two and three-year periods after the September 11 terrorist attacs with five years preceding the event. The relative risk (RR) of a fatal general aviation aircraft accident being due to pilot suicide was 3.68 -fold (95% confidence interval 1.04–12.98) during the first year after September 11, 2001 but was not statistically significantly elevated later.
Conclusions.– This study showed an association, albeit not a determinate causal effect of September 11, 2001 with pilot AASs. The copycat effect was present for one year after September 11, 2001. The causal factors behind this association remain unclear, but some of these pilots with no data on previous psychiatric issues had recent stressful events before the incident, such as legal or interpersonal difficulties.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1263

Which patients are not being covered by the suicide prevention program arsuic in Madrid?

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Background and aims.– Community of Madrid created a suicide prevention program called ARSUIC in 2014. ARSUIC program consisted of offering to people that have attempted suicide (in less than seven days) a mental health care visit. To our knowledge, it has not been yet evaluated the patient's characteristic that do not attend finally that specialized care appointment
Methods.– A retrospective study consulting all the patients' medical records that attempted suicide between January 2016 and February 2018 and visited the "La Princesa" hospital emergency care. Descriptive and logistic regression analyses were conducted to report variables related to not attend ARSUIC medical visit.
Results.– A total of 66% (*n* = 117) finally attended to ARSUIC medical visit. Patients with anxiolytics and that have committed previous suicide attempts were more likely to attend ARSUIC visit. On the contrary, patients with no previous suicide attempts, and those who have attempted suicide with overdose and precipitation were those who less likely attend to the medical visit.
Conclusions.– The number of patients that attended the ARSUIC medical appointment was higher in "La Princesa" hospital than in other health care areas from Madrid (1). However, there are still high-risk suicide patients that are not being covered by the ARSUIC program. It might be necessary to implement further actions beyond a high-priority medical appointment so that people with suicide attempts receive the mental health care attention they need.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1264

Association between marital status and death by suicide: age and sex stratified analyses

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Background and aims.– Marriage assists an individual in coping with stress because it provides insurance against adverse life events. With increased number in single individuals, societal values toward family and marriage have changed over time. Understanding the suicide risk associated with non-marriage is crucial in promoting the mental health of single persons. This study aims to examine the sex-age-specific effect of marital status on the risk of death by suicide.
Methods.– This was a case-control design nested within all deceased individuals age> = 20 years and registered in Taiwan's Death Registry (TDR) in the period 2007–2013. Cases were victims of suicide (*n* = 17,778), and controls were randomly selected with

a case/control ratio of 1:10 from all individuals who died from non-suicide causes. Multiple logistic regression models, with adjustment for age, sex, and region/urbanization of residential areas, was used to assess the effects of marital status on the risk of suicidal death.
Results.– Compared to married persons, divorced (odds ratio (OR) = 2.57, 95% CI = 2.42–2.73) and unmarried (OR) = 1.46, 95% CI = 1.40–1.54) individuals were found to significantly associate with increased risks of suicidal death. Widowed shows no association with suicidal death (OR = 0.95, 95% CI = 0.90–1.01). The effect of divorce was most notable in 35–54-year women (OR = 3.01), followed by 20–34-year women (OR = 2.72), and 55–64-year men (OR = 2.71). The corresponding figures for the effect of unmarried were 35–54-year-old women (OR = 1.86), 35–54-year-old men (OR = 1.81), and ≥65-year-old men (OR = 1.68).
Conclusions.– Divorced and unmarried individuals were at increased risk of death by suicide. Younger women and older men appear to be especially vulnerable to such adverse effect.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1265

Risk for suicidal ideation in the greatage study, a population-based study in older age

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Background and aims.– Risk factors for Suicidal Ideation in older age are not clear. Strong measures of suicide risk are fundamental for the development and evaluation of suicide prevention and treatment programs and for ongoing population-based research. The aims are to calculate the rates of suicide ideation and to find the demographic, psychiatric, social and cognitive characteristics linked to suicidality.
Methods.– We analyzed data on 1271 subjects aged 65 years and over (mean age 73.617 ± 6.341; 53,34% females) from the population-based GreatAGE Study (Castellana Grotte, Sud-East Italy). A single question from SCL-90R was administered to detect past (last month) suicide ideation and Semi-Structured Diagnostic Interview for DSMIV-TR for Psychiatric diagnosis. Cognitive functioning was assessed through a complete neuropsychological battery. Self-reported material and social deprivation were evaluated with Deprivation in Primary Care-Questionnaire (DiP-Q Care). Social Dysfunction Rating Scale (SDRS) quantifies man's dysfunctional interaction with his environment. APOE genotype was obtained for a subsample of 600 patients.
Results.– The overall frequency of suicide ideation was 2.2%, without differences between genders and within age strata ($p = .08$). Suicide ideation was significantly associated with depression (both early and late-onset)($p = .000$). The association increased with higher scores of GDS-30. There were not significant association with level of education, cognitive functioning (MCI, SCD, dementia), APOE genotype and deprivation (p>0.05). The association with social dysfunction (for SDRS cut-off>25) in the components of apathetic detachment, dissatisfaction with leisure activity and work, anxiety disappeared after adjusting for depression diagnosis.
Conclusions.– Depressive disorders should be considered for suicide prevention in the elderly and Social dysfunction as an epiphenomenon.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1268

A nationwide general practitioner training program to reduce suicide in bulgaria: a non-randomized controlled trial



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Background and aims.– The WHO recommends improving GP's skills in suicide risk management in order to reduce suicide rates. However, the evidence for effectiveness of this approach is at best limited. The aim of this study is to test if suicide rates can be reduced by providing such training to GPs, supported by information to the public.
Methods.– Four regions of Bulgaria (population $n = 5.5$ million) were defined as intervention group, whereas the remaining two regions (population $n = 1.5$ million) as control group. GP's, psychologists and social workers ($n = 1\ 473$) in the intervention region were engaged in an online training with exams, a 16-hour seminar during the period January to June 2016. The participation rate was 63.4%. The intervention region was also exposed to public campaigns with video clips in local and regional media. The population and the GP's were blinded for this controlled trial. The effectiveness of this approach was measured with official data for completed suicides and suicide attempts and analysed with a difference-in-difference approach, testing the interaction between time (before/after intervention) and group.
Results.– We found that the intervention reduced completed suicides ($p < .001$), but simultaneously also increased registrations of attempted suicides ($p < .001$).
Conclusions.– This is the first large-scale study that provides evidence for suicide prevention by training GP's, which supports WHO recommendations for suicide prevention. The intervention is scalable and relatively low cost. The intervention also produced an increase in registered suicide attempts, which may be due to increased recognition and awareness.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1269

Suicide and neuroticism: a multicenter study

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Background and aims.– Prior research consistently demonstrates that neuroticism increases risk for suicidal ideation. However, the association between mental disorder, suicide risk and variables related to personality, especially the "big five" personality factors (pleasantness, openness, neuroticism, conscientiousness and extroversion) warrants clarification.
The aim of this multicentre study is to clarify the association of neuroticism with suicidal ideation and attempted suicide and to evaluate the relation between "Neuroticism", depression and suicide risk in both clinical and nonclinical sample.
Methods.– 1043 subjects (410 patients and 693 students) were tested in three regions of Europe: central Italy, northeast Italy and eastern Austria. Different evaluation scales were applied: Sociodemographic questionnaire, Columbia-Suicide Severity Rating Scale-B, Symptom-Checklist-90-Standard, Big Five Inventory, International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Results.– Data analysis demonstrated a correlation between "Neuroticism" and different suicide dimensions (Suicidal Ideation and Intensity of ideation: p value < 0.05; Suicidal Behavior: p value < 0.01). Depression was highly related with suicide (p value < 0.01) and "Neuroticism" in conjunction with depression significantly increased the risk of suicide in psychiatric patients. However, without the involvement of depression, "Neuroticism" was a protective factor against suicidal ideation.
Conclusions.– The association of neuroticism with suicidality is more complicated than has been previously described. The results of our study show that the positive relationship between "Neuroticism" and suicide is for the most part influenced by depression. However, we could confirm our hypothesis by demonstrating that "Neuroticism" played an important role in the triangular relationship suicide -mental health -personality.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1270

Using online technologies in psychological counseling for suicide prevention

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Background and aims.– Numerous various factors can influence committing a suicide. Of special attention is a possibility to model a person's suicidal behavior via the internet. There is always such information on demand that may encourage suicides. On the other hand, there is a constant grow in a number of internet resources aimed to help people in a crisis. Our objective was to find out possible ways of getting a psychological assistance prior to a suicidal attempt via the internet.
Methods.– Methods include a qualitative analysis of accessible English and Russian websites that deal with suicide prevention.
Results.– The analysis proved that all the resources have an open access for all who suffer from depression or find themselves in a crisis situation. Judging from the content of the available material, the afore mentioned websites can inform about the risk factors, the opportunities of getting an assistance, diagnose a degree of the risk, discuss existential sufferings, provide counsel in hardships, act as a support group, and counsel a potential suicide's relatives. There are resources that target certain groups of people distinguished by the same age, gender, job, social stratum or ethnic culture, etc. There are particular websites for mental health professionals with special educational programs and screening materials.
Conclusions.– Taking into consideration that more people get an access to the internet in Russia and regarding the potentials of modern internet technologies in suicide prevention, we think it is quite promising to develop an accessible system of professional online psychological counseling for the people in a suicidal crisis.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1271

Peculiarities of suicide mortality rates in Kaluga region from 2003 to 2016

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Background and aims.– The main feature of the suicide mortality in Russia during the period 2003–2016 is decline of rates from 36,1 to 15,76/100 000. Great differences of suicide mortality rates, religious, cultural, ethnical and economical diversity of regions, highlight the need for thorough investigation of this issue according to the local context.
The detailed analysis of the suicidal mortality in Kaluga Region, searching for «trouble spots» on the regional map, identification of «at-risk» groups for priority interventions.
Methods.– The retrospective longitudinal design has been employed using the mathematical statistics.
Results.– Kaluga Region is one of the most economically advanced territories of the Russian Federation with population of 1 012 156 and Gross Regional Product 373,4 (2016, RUB). It takes 47 place among all regions (2016) and shows the decline of suicide mortality levels from 30,1 to 14,8/100 000 (2003–2016). Over the period considered male suicides exceeded female both on regional and on federal level. In different years the male to female ratio varied from 4,1:1 (2009) to 6,8:1 (2005). The most vulnerable age groups included 45–49 (11%) and 50–54 (10%) years. The difference in suicide mortality rates in urban and rural areas in 2003 (23,99 and 48,5/100 000) has been almost offset in 2016 (14.54 and 15,7/100 000). Among 26 districts of the Region 14 demonstrated high levels of suicide mortality (more than 20/100 000, 2016).
Conclusions.– The identified regional «trouble spots» highlights the importance of local prevention program development which is going to be the important step to the National Prevention Strategy.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1273

Developing preventative intervention support for adolescent self-harm in schools: using a whole-system approach to generate explanatory theory from interdisciplinary perspectives for preventative intervention

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Background and aims.– Adolescent self-harm in Europe is a major public health challenge. In the UK there are increasing rates in hospital admissions. Finding a solution to this issue requires a preventative intervention approach for young people which includes community-based delivery. Secondary schools are posited as key settings where this type of support could be delivered. However these sites are not neutral settings as they are imbued with the school culture. This impact of the school context is not currently understood upon adolescent self-harm preventative intervention support, nor the wider societal influences which schools reside within. Little is known about what is acceptable and feasible for use in schools. These points have not received sufficient attention up to now in preventative intervention development, and may offer a way forward to finding a solution for the health topic of adolescent self-harm.

This paper therefore exposits the design and methods of a current research project to address the aforementioned issues. A socio-ecological systems approach will generate explanatory theory from interdisciplinary perspectives for preventative intervention in secondary schools in Wales. This work has been developed to address the need for action for the current public health challenge of adolescent self-harm, in order to promote the health and well-being of young people in secondary schools in Wales.

Methods.– This paper exposits the design and methods of the current active research project.

Results.– Interim results will be presented.

Conclusions.– Interim conclusions to be presented.

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

E-PP1275

Suicidal ideation instability in patients hospitalized for depression: an exploratory study using smartphone ecological momentary assessment

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Background and aims.– Suicidal ideation (SI) can fluctuate considerably over short periods of time. There is a lack of knowledge regarding SI instability (SII) in patients with depression. This study used ecological momentary assessment (EMA) to explore the correlates of SII in adults hospitalized for depression and SI.

Methods.– Thirty-nine adult patients hospitalized voluntarily for depression (unipolar or bipolar) and SI were recruited. Smartphones with visual analogue scales were used to rate current depressed mood, anger/irritability, feeling socially connected, and SI three times a day for up to 14 days throughout hospitalization. Intensity was defined as the mean of all ratings. Instability was defined as the mean squared successive difference between ratings. The Beck Depression Inventory (BDI), Beck Scale for Suicide Ideation (BSS), and Affective Lability Scales (ALS) were completed at baseline and study exit.

Results.– SII was moderately correlated with SI intensity, depressed mood instability, and social connection instability. Social connection instability was not associated with SII after controlling for depressed mood instability. Baseline ALS, BDI, and BSS scores were not significantly associated with SII, nor were BDI and BSS change scores. Participants with multiple past suicide attempts experienced greater SII, but participants with one past attempt did not differ from participants without past attempts.

Conclusions.– EMA effectively captures SII in hospitalized patients. SII is associated with EMA-derived depressed mood instability, although mood instability questionnaires may not accurately predict SII during hospitalization. More research examining the significance of SII is warranted, particularly in relation to future suicide attempts and hospitalizations.

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

E-PP1276

Ten-year epidemiological study on suicide attempts in Skopje, Republic of Macedonia

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Background and aims.– Suicide is a complex phenomenon with psychological, social, biological, cultural and environmental factors involved.

The aim of our study was to provide basic epidemiological data on suicide attempts that resulted in admission to the University Clinic of Toxicology and Emergency Medicine in Skopje during 10-year-period (1999–2008). There is a lack of published information regarding suicide attempts in the Republic of Macedonia.

Methods.– Participants were 1683 patients from the territory of Skopje, who attempted suicides and who were hospitalized in the University Clinic of Toxicology and Emergency Medicine in School of Medicine, Skopje during the period of ten years (1999–2008). The following variables were included in the analysis: age, gender, religion, method of suicide attempt and admission date. The results were analyzed with the Statistic for Windows program, release 7.0.

Results.– A significantly higher number of suicide attempts were registered in females than in males from the territory of Skopje during the period of 1999–2008. Men who attempted suicide were older than women. Women of Christian religion affiliation attempted suicide more frequently than women of Muslim religion. The greatest number of attempts was during the summer season. The most common method of suicide attempt was intoxication with medications. tempts in the Republic of Macedonia.

Conclusions.– Our study has shown that attempted suicide rate has had a stable trend over the last decade. It has also shown female predominance of suicide attempts with a greater number of attempts during the summer months. There is a need for intervening strategies to be targeted at younger females.

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

E-Poster Presentation: Suicidology and suicide prevention - Part IV

E-PP1281

Parkinson's disease: risk factors and prevalence of suicidal ideation and suicide

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Background and aims.– Parkinson's disease (PD) is a common neurodegenerative disease of the Central Nervous System, primarily affecting the motor system. It's a chronic disabling disease that mainly affects the elderly and is linked to a higher prevalence of depression. Suicide is a major cause of death in PD patients and its relation to depression is unquestionable.
This work aimed to review the existing literature on the risk factors for suicide, prevalence of suicidal ideation and suicide risk in patients with PD.
Methods.– The Medline database through the Pubmed search engine was used with the following keywords: "parkinson's disease", "suicide", "depression".
Results.– Male sex, existence of any comorbid psychiatric disorder, particularly depression, higher L-dopa dosage, upper extremity onset of motor symptoms or generalized onset of motor symptoms and subthalamic nucleus deep brain stimulation are important risk factors for suicide in PD patients. About one-third PD patients have suicidal ideation. Comorbid psychiatric disorders (mainly depression), more than PD-related disease variables, were associated with suicidal ideation. Suicide risk in PD patients is approximately 2 times higher than that in the general population.
Conclusions.– A careful analysis of the factors that may contribute to the increased risk of suicide in PD patients is highly recommended. Early diagnosis and treatment of depression in PD is essential not only to improve the quality of life of patients but can also contribute to a reduction of the suicide risk.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1283

Adolescent suicide and attempted suicide: an unresolved clinical need

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Background and aims.– Suicide is the second leading cause of death globally among young people aged 15–29 years. Attempted suicide is around 10–100 times more common than suicide. Although many strategies have been developed, there is observed an increase in prevalence rates. Hence, the prevention of adolescent suicide is "an unresolved clinical need".
Methods.– Literature review and description of local statistics.
Results.– The epidemiology of risk factors has produced a large body of causal knowledge that is eminently individual. However, currently we are looking at the growth of an integrative conception of epidemiology, which some have called multilevel epidemiology, and which considers that disease phenomena respond to causal schemes with determinants that act at different levels, molecular, individual and population, interacting in complex hierarchical networks. Thus, one of the major risk factors for youth suicide is the presence of a diagnosable psychiatric disorder, especially affective disorder and borderline personality disorder. Furthermore, there are: psychotic disorders, substance abuse, addiction to new technologies, coming from broken families, bullying, etcetera. In a Spain Urgency Room, an increase in the rate of visits of adolescents by self-harm or suicide attempts has been observed in 15% each year during 2014-2018, which has triggered a big interest in investigating associated factors in local population by pediatricians and psychiatrists.
Conclusions.– Suicide is an unnecessary death, even more when it occurs in earlier stages of life. The knowledge of ecology and social variables provides valuable information for making-decisions by clinicians, managers, politicians and pedagogues. Interventions by social services and neighbor's communities are also important.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1285

Phenomenology of suicide in terms of brain chemistry in the group of psychiatrically hospitalized patients

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Background and aims.– There are studies providing evidence for suicide associations with inflammation and oxidative stress. The assessment of suicide risk based on phenomenological variables is an area not well explored. The present study presents relationship between attitudes towards suicide and oxidative stress and inflammatory biomarkers in the group of psychiatrically hospitalized patients.
Methods.– The study comprised of 59 patients aged 18-65 who were hospitalized in the Clinic of Psychiatry of Faculty of Health Sciences, Medical University of Warsaw, Poland. The psychological assessment included the Verbal Suicide Scale (VSS) providing data on attitudes toward suicide. Blood specimens were taken to measure the levels of oxidative stress biomarkers: catalase (*CAT*), superoxide dismutase (SOD), glutathione peroxidase (GPx), ferric reducing ability of plasma (FRAP), Trolox equivalent antioxidant capacity (TAEC), total oxidant status (TOS), oxidative stress index (OSI), advanced glycation end-products (AGEs), advanced oxidation protein products (AOPP), protein; and inflammatory biomarkers: interleukin IL-1 and IL-6. The subjects were divided into groups depending on the presence of recent suicidal acts and suicide risk factors: self-mutilations, impulsiveness, alcohol/psychoactive substance misuse and aggression.
Results.– The results reveals significant correlations (Spearman's rho, $p < 0{,}05$) of VSS subscales with oxidative stress and inflammatory biomarkers depending on the recent presence of suicide activities and risk factors. Therefore the present study shows the associations between suicide risk assessment based on phenomenological indicators and biochemical variables.
Conclusions.– The phenomenological suicide risk assessment tools may play an important role in the clinical suicide prevention. Further clinical and theoretical implications are being discussed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1286

Learning from the past, towards new horizons - findings from the Swedish register database of adverse events (Nitha)

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Background and aims.– Retrospective analysis after suicide is useful for understanding systematic risk situations and prevent future events. Nitha is a Swedish database for adverse events and root cause analyses, offering good opportunities to learn from previous incidents.
Objectives.– To identify common patterns among suicides committed in Sweden between 2014 and 2018:
- Classify causal factors and measures at micro and meso level.
- Categorize them regarding sociodemographic, diagnostic, organizational parameters.
- Assess which of the most common measures could be effective in a preventive perspective.

Methods.– 218 included cases, registered in Nitha between 2014 and 2018 from all over Sweden. We identified key features such as previous suicide attempt, method of suicide, documented health care plan, social and living conditions, deviations in the healthcare process. Possible modifications in the system which could give a more effective suicide prevention have been summarized.
Results.– Partial results have been obtained, complete results will be provided in March 2019.
Conclusions.– Understanding possible deviations in the system can help to improve the organization on a meso perspective and give more information about important clinical aspects involved in the suicidal process. Nitha is an important source for identifying common patterns regarding suicide in Sweden and improving psychiatric care for suicidal patients on a national level.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1287

Do affective temperaments predict suicide attempts in patients suffering from depression?

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Background and aims.– Expression of any temperament trait other than the hyperthymic temperament has been found to be a risk factor for future suicide attempts in psychiatric patients. A diagnosis of mood disorder has so far shown only limited predictive value for suicidal behavior, making evaluation of affective temperaments even more valuable when assessing risk factors for suicide. The aim of our study was to evaluate affective temperament traits in depressive patients, with and without previous suicide attempts.
Methods.– A total of 251 patients diagnosed with major depressive episode (F32) or recurrent depressive disorder (F33) were divided into two groups - one with previous suicide attempts (168), and the other without previous suicide attempts (83). They filled out a sociodemographic questionnaire and the Serbian version of the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A). This scale separates 6 temperament traits: depressive, cyclothymic, hyperthymic, irritable, anxious-cognitive and anxious-somatic.
Results.– After including affective temperaments in binary logistic regression analysis, our model correctly classified 70.9% of the cases by suicide attempt, with depressive and irritable temperaments being the only important predictors ($\chi^2 = 38.092$, $p < .01$). The model predicted between 14 and 20% of variance. Patients with depressive (OR = 5.957, $p < .01$) and irritable (OR = 4.377, $p < 0.1$) temperaments were more likely to belong in the group of patients with previous suicide attempts.
Conclusions.– Prominent depressive or irritable affective temperaments are characteristics of patients suffering from depression and risk factors that should be taken into consideration when assessing risk of suicidal behavior in these patients.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1289

Treatment in nursing homes for suicidal ideation in elderly people

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Background and aims.– Suicide is a frequent phenomenon in the geriatric population, assuming a proportion of 35% over the total of suicides, and constituting a Public Health problem. Associated with age, there are other important factors such as widowhood, drinking alcohol and the recent institutionalization that should be important when dealing with this type of patients. Providing strategies for the treatment of suicidal behavior in this population is necessary to identify and improve this important problem.
Methods.– In our health area, the following interventions are carried out: Talks addressing suicidal behavior in the residential environment to the staff of the center. Talks for assistance from relatives and residents. Practical exercises and debate questions about the approach to suicidal behaviors. Participation of nursing home staff: Primary Care Physicians, Occupational Therapists, Social Workers, Nursing, Nursing Assistants. Satisfaction survey is administered after the completion of the courses.
Results.– General satisfaction by the staff of retirement homes and family.
Evaluation of epidemiological data on suicide in our mental health area.
Conclusions.– The training actions in retirement homes help to make visible an important problem such as suicide. There is fear or ignorance of how to deal with this problem. Organizing courses for staff and family members improves the quality of life and experience in nursing homes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1290

Grades of hematopoietic distress in major depressive disorder patients associated with suicidal attempt

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Background and aims.– Major depression (MDD) is the psychiatric disorder with higher prevalence amongst individuals with suicidal behavior (SB), increasing the risk of suicide by 20-fold. Inflammation biomarkers, such as the neutrophil-lymphocyte ratio (NLR) have been reported to be increased in mood disorder patients. Recent data suggest a possible role of the immune system in the pathophysiology of SB. Aim: To examine hematopoietic parameters in MDD patients, with or without suicidal attempt (SA).
Methods.– A complete blood count was performed from ninety-eight subjects that were assigned to three clusters, based on *ad hoc* protocol including sociodemographic and clinical data and the Hamilton Depression Rating Scale (HDRS). Statistical analysis was done using SPSS platform.
Results.– As previously described, MDD patients presented elevated NLR, and increased platelet counts (PLTs) with reduced mean platelet volume (MPV), suggesting reactive secondary thrombocytosis. These values were more pronounced in concurrence with SA. However, independently of concurrence with SA or not, MDD patients presented increased Red Blood Cell Distribution Width (RDW), indicative of anisocytosis potentially linked to anemia. Correlation of parameters (*i.e.* red blood cell counts (RBC) vs RDW, or PLTs vs MPV) in MDD patients, did not adjust to the correlations in control subjects, suggesting subjacent hematological distress.
Conclusions.– Grades of hematopoietic distress and inflammation associate with concurrence with SA in MDD. Hematopoietic distress could be underlining the basis for systemic alterations, including those affecting the immune response and inflammation. How these hematological arms regulate each other in the context of mood disorders remains to be elucidated.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1291

The impact of unemployment in suicide attempts and the role of protecting and precipitating factors

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Background and aims.– Recent studies found a correlation between the growing incidence of suicides and the increased rate of unemployment. However, it is still unclear if the unemployment is only a precipitating factor which can be affected even by other aspects or if it is the main cause of the attempts.
The study aims to examine the impact of the occupational status in suicide attempters, considering other potential precipitating or protective factors.
Methods.– A sample of 282 suicide attempters was recruited in six different emergency services. Two groups of 141 unemployed (U) and 141 employed (E) individuals were selected. Both U and E were composed of 74 females and 67 males matched for age (mean age = 41.89, SD = 10.81). The following data were collected: objective lethality, consideration of lethality, intentionality, previous suicide attempts, alcohol abuse, marital status, diagnosis. Chi-squared tests were used to compare U and E.
Results.– E tend to consider higher than U the lethality of the suicide attempt, regardless of the marital status. U tend to attempt suicide during an alcohol abuse episode and to exhibit more frequently alcohol addiction. U and single individuals show more frequently previous suicide attempts. Subjects with personality disorders are more frequently U, whereas those affected by affective disorders E.
Conclusions.– In our sample the marital status affects but does not neutralize the impact occupational status on suicide attempts. The presence of alcohol addiction confirmed its role as precipitating factor.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1296

Using resting state intrinsic network connectivity to identify suicide risk in mood disorders

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Background and aims.– Little is known about the neural substrates of suicide risk in mood disorders. Improving the identification of biomarkers of suicide risk, as indicated by a history of suicide-related behavior (SB), could lead to more targeted treatments to reduce risk.
To use intrinsic network connectivity to identify individuals at risk for suicide, as indicated by a history of suicide-related behavior (SB).
Methods.– Participants were 112 young adults with a mood disorder with no history of suicidal behavior (MD), 18 individuals with a mood disorder with a history of SB (as indicated by endorsing a past suicide attempt), and 82 healthy comparison participants (HC). Resting-state functional connectivity within intrinsic neural networks, including cognitive control network (CCN), salience and emotion network (SEN), and default mode network (DMN), was compared between groups.
Results.– Several fronto-parietal regions ($k > 57$, $p < .005$) were identified in which individuals with SB demonstrated distinct patterns of connectivity within (in the CCN) and across networks (DMN-CCN and DMN-SEN). Connectivity with some of these same regions also distinguished the SB group from the MD and HC groups when participants were re-scanned after 1–4 months. Extracted data defined group membership with good accuracy, sensitivity, and specificity.
Conclusions.– These results suggest that individuals with a history of SB in the context of mood disorders may show reliably distinct patterns of intrinsic network connectivity, even when compared to those with mood disorders without SB. Resting-state fMRI is a promising tool for identifying subtypes of patients with mood disorders who are at risk for suicidal behavior.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1297

Non-suicidal self-injury and suicidal behaviour in female adolescents with conduct disorder

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Background and aims.– Background: Non-suicidal self-injury (NSSI) occurs in adolescence with prevalence rates estimated at 17–18% and 4–12.1% of adolescents present suicidal behaviour (SB) in community samples. Non-suicidal self-injuries as well as suicidal attempts are classified as separate psychiatric diagnoses and are referred to as non-suicidal self-injury disorder (NSSID) and suicidal behaviour disorder (SBD) in DSM-5. The aim of the study was to assess the frequency of NSSI, NSSID and SBD in adolescent girls diagnosed with conduct disorder (CD).
Methods.– The sample of 208 girls (mean age 15.6 ± 1.1 years) diagnosed with CD were included into the study. To establish a diagnosis of CD all participants were examined by trained psychologist or child and adolescent psychiatrist. In addition, the CD Section of Polish version of MINI-KID was administered to confirm a diagnosis and assess the severity of symptoms. A semi-structured interview was administered by clinicians to obtain the data about frequency, recency, methods and functions of NSSI to confirm NSSID criteria according to DMS
Results.– 52.4% of our sample admitted engaging in NSSI during the past year and 52.9% during the lifetime while 39.5% and 23.3% fulfilled DSM-5 criteria of NSSID and SBD, respectively. The prevalence of SBD in adolescent with NSSID was 50.0%. In turn, the prevalence of NSSID in the group of SBD(+) individuals was estimated at 52.2%.
Conclusions.– High prevalence of NSSID and SBD as well as high comorbidity of these diagnoses can be expected in adolescent girls with CD.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1298

Suicide hotspots in Baixo Alentejo: identify to intervene

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Background and aims.– A "suicide hotspot" is a specific, accessible and usually public site which is frequently used as a location for suicide and gains a reputation as such. In the region of Baixo Alentejo (BA), in Portugal, there are several "suicide hotspots". This is particularly concerning because the region of BA has one of the country's highest suicide rates. Regarding suicide prevention strategies, there is data supporting various methods and there is a great level of evidence suggesting that means restriction for suicide prevention is the most effective intervention of the universal prevention strategies. Therefore, we aim to adequately identify "suicide hotspots" in BA, in order to plan interventions that can be implemented to reduce the risk of suicide at these locations.
Methods.– We contacted local police authorities, the Administration of the Hydrographic Region of Alentejo, the Intermunicipal Community of BA and local government authorities. We also collected information from local news and from health professionals of the Psychiatry Service of the Local Health Unit of Baixo Alentejo.
Results.– We identified several "suicide hotspots", including woods, bridges, dams and an abandoned building complex. We also tried to identify all the existing wells of BA and to understand their safety conditions, but we found the records concerning these structures to be very inaccurate.
Conclusions.– There are several "suicide hotspots" in BA, where effective intervention is possible. Nonetheless, the quality of most records is poor, and better official records regarding "suicide hotspots" are needed, as well as better communication among the involved authorities and entities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1299

A cohort study of death by suicide in parents who bear extremely low birth weight infants

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Background and aims.– Parenting low birth weight (LBW) infants is a great burden for both parents physically, emotionally, and economically. Given the great challenge of care and potential loss to the LBW babies, the long-term psychological adaptation among these parents is critically important yet received less attention in research.
To examine risks of parental death by suicide in association with bearing extremely low birth weight (ELBW, < 1,000 g) offspring and death of ELBW infants.
Methods.– This was a cohort study where parents of 17,454 ELBW infants and 1,913,126 control parents with normal birth weight (≥2500 g, NBW) offspring were identified from Taiwan's Birth Registry between 1994 and 2013. All study parents were linked to Taiwan's Death Registry (1994–2015) for possible suicidal deaths. Cox proportional hazard model was used to estimate adjusted hazard ratios (aHRs) of parent's suicidal death, adjusting for parent's age, marital status, employment status, educational attainment and urbanization of residential areas.
Results.– Forty-seven mothers (2.69‰) and 43 fathers (2.46‰) with ELBW offspring died by suicide. The corresponding figures for parents with NBW offspring were 1.32‰ and 2.21‰. Parenting ELBW offspring was found to significantly increase risk of suicidal death in mothers (aHR = 1.80, 95%CI = 1.38–2.40), but not in fathers (HR = 1.06 (0.78–1.43)). An increased risk of death by suicide was also observed in mothers (HR = 1.82 (1.38–2.40)) and fathers (HR = 1.48 (1.17–1.86)) who lost their ELBW offspring.
Conclusions.– Parenting ELBW offspring is associate with higher risk of suicidal death in mothers; and death of ELBW offspring may increase risk of death by suicide in both mothers and fathers.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1300

Exploration of the living experience of parents whose offspring committed suicide

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Background and aims.– Data show that individuals' death due to suicide affects all family members. Exploration of the living experience of Greek-Cypriot parents whose offspring completed suicide, with focus on (a) their meaning-making and interpretations (b) the effects of suicide on them and (c) their needs.
Methods.– A phenomenological methodology based on van Manen's approach was employed. According to purposive and snowball sampling five mothers and one father participated, following informed consent. Data collection was conducted

via semi-structured interviews with open-ended questions (10/2017–07/2018).
Results.– The participants clearly described suicide as a sudden, unexpected, disastrous and traumatic event for the whole family. It appeared that the suicide-related meaning-making was a dynamic, incessant process. When this was followed by a world-view transformation it seemed to partially result to the acceptance of the suicide event, forming an adaptive coping strategy. Overall, this process seemed to endure personal-growth, empowerment and self-motivation process in family members. Furthermore, the participants' core need involved a constant effort to be enacted in terms of protection. For some participants this effort concerned the protection of the memory of their child against the social stigma of suicide. Others expressed their need to protect their dignity against the public stereotype of them as being ineffective parents. The need to protect other family members, and mainly children from the consequences of distress following suicide was also described.
Conclusions.– Further qualitative studies in the fathers of those died by suicide are needed. Interventions aiming to reduce the social stigma of those completing suicide are also proposed.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Training in Psychiatry

E-PP1301

Migration of psychiatric trainees in Italy

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Background and aims.– In Europe high number of psychiatric trainees have ever considered moving to another country, especially for salary differences. Although in Italy workforce migration is widespread in different fields, little is known about migration of health professionals at an early career stage.
This study aims to identify experiences and attitudes towards international migration among Italian psychiatry trainees.
Methods.– An online survey was conducted among psychiatry trainees from Italy as part of the EFPT Brain Drain Research study.
Results.– Of 200 psychiatric trainees surveyed across Italy, the majority has 'ever' considered living abroad. Still, just a quarter took 'practical steps' towards migration, with male trainees considering migration more than female. Few trainees had ever had a long-term migratory experience or a short-term mobility experience. Academic was an important reason for trainees to leave and personal a key reason for trainees to stay. Across Italy we found wide differences concerning their 5 year plan: the majority of trainees in the south believe they will be working abroad, whereas most of trainees in the north and central part of the country think they will be working in Italy.
Conclusions.– Many Italian psychiatric trainees have considered moving to another country, especially for academic reasons. These findings call to improve opportunities, particularly in the south part of the country, and help to better understand the social and demographic variations across Europe that may play a role in these migratory flows.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1302

Findings of the react (research in early career psychiatrists and trainees) study

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Background and aims.–
Introduction.– The Early Career Psychiatrist Committee of the European Psychiatric Association (EPA-ECPC) and the Research Working Group of the European Federation of Psychiatric Trainees (EFPT-RWG) both investigate issues of concern for trainees and early career psychiatrists (ECPs) across Europe. EPA and EFPT have collaborated to create the REACT (Research in Early Career Psychiatrists and Trainees) study.
Objectives.– To investigate the motivations and attitudes of trainees and ECPs undertaking research across Europe, along with identifying barriers or difficulties that are faced.
Methods.– A semi-structured 22-item questionnaire was created. The question domains investigated nature of research activity, research goals, access to supervisors and funding, along with barriers faced. A 10-item demographic questionnaire accompanied this. The questionnaire was disseminated to psychiatric trainees and ECPs across Europe. This was facilitated through the local committees of EPA and EFPT. In total there were 305 participants, across a range of European countries.
Results.– Results indicated that most participants were highly interested in research, but faced major issues engaging in research activities, e.g. time and funding. They were however highly satisfied with mentoring and publishing papers. Only half of the participants have already published a paper. A detailed analysis will be presented.
Conclusions.–
Discussion.– Our results reinforce previous findings that major issues influencing engagement in research are time and funding. Young colleagues are motivated to perform research, but need to be provided with encouragement and opportunities.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1303

Anti-stigma interventions to reduce negative attitudes towards mental illness among medical students

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Background and aims.– Medical students are five times more vulnerable to depression than the general population. A positive attitude towards mental illness seems important and desirable in future clinicians as it may impact on their professional attitudes and the provision of healthcare.
A pre-post cohort online survey was conducted to evaluate the efficacy of an intervention to reduce attitudes and degree of stigma towards mental illness among pre-graduate students.
Methods.– All second-year students were invited to complete the CAMI, RIBS and MAKS questionnaires before and after taking the Psychological Medicine module. A subgroup was invited to attend a workshop led by three patients suffering from mental illnesses. Study participation was voluntary and responses were anonymized.
Results.– Out of 296 students, 254 and 154 completed the survey before and after the module (response rates = 85.8% and 52.02%, respectively). From the study sample (n = 154 respondents), 24 students attended the workshop. Significant differences were found between workshop attenders and those who only took the module (n = 130). After the intervention, attenders significantly improved in the social restrictiveness, benevolence and authoritarianism subscales of the CAMI questionnaire. However, students taking the module significantly improved only in the authoritarianism and CMHI subscales.
Conclusions.– These results suggest that formal and goal-directed activities including meeting someone with a mental illness may help reduce the stigmatizing attitudes towards them. Implementation of anti-stigma workshops in medical curricula may improve the attitudes of future healthcare professionals. Further studies should be performed to demonstrate if follow-up interventions could result to be more effective.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1304

Supporting patients in mental health crises through experiential learning for psychiatry, nursing, emergency department and emergency services staff

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Background and aims.– In the UK and internationally, services are under increasing pressure to support people presenting with acute mental health crises, from psychotic episodes to suicidality. People experiencing mental health crises rarely present to mental health services during working hours, and are often supported by ambulance staff, police, or emergency department professionals. This study aimed to deliver a programme of experiential training to emergency services, emergency department, and acute psychiatric staff and assess the impact of the programme.
Methods.– The training consisted of mental health simulation training, involving scenarios with simulated patients played by trained actors, followed by group debriefs supported by experienced facilitators. Participants took part in one full-day training course. Validated measures of human factors skills for healthcare, attitudes towards mental illness, and staff confidence, and surveys with open questions, were administered to participants before and after training.
Results.– Statistical analyses found significant improvements in human factors skills, attitudes towards mental illness, and confidence. Thematic analysis of qualitative data identified emergent themes of interprofessional team working, empathy and understanding, confidence in providing care, and reflective practice that participants reported to be improved following training.
Conclusions.– This study demonstrates the effectiveness of mental health simulation training in improving the skills, confidence, and attitudes of psychiatry, nursing, emergency department and emergency services staff in supporting patients in mental health crises. Benefits were related back to the engaging and experiential modality of simulation training. The authors hope to further analyse differences between professions accessing the training, and the long term impact on their clinical practice.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1305

Non-pharmacological management of child and adolescent patients at risk for agitation

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Background and aims.– Most psychiatry trainees have little to no knowledge about non-pharmacological interventions for agitation in pediatric patients. hypothesized that children with comorbid medical and psychiatric illnesses will have a greater likelihood for the need of emergency interventions.
Aims.– (1) Conduct a needs assessment of residents and fellows in Psychiatry in the Harvard hospitals systems of non-pharmacological interventions for agitation. (2) Conduct a literature review and explore existing resources/recommendations regarding agitation with verbal de-escalation. (3) Provide recommendations for a training curriculum targeting non-pharmacological interventions for agitation for residents and fellows.
Methods.– Behavior Response Team (BRT) data is a cross sectional study which includes information about patients ages 2–20 who were receiving care at Boston Children Hospital who are at risk for agitation. Descriptive statistics were used to describe some demographic data. Pearson Chi-square was used to analyze associations among demographic characteristics, diagnosis, and if emergency interventions were used.
The data collected from Harvard residency and fellowship training programs over a 2 week period. An online questionnaire was distributed to 225 all psychiatry trainees including fellows within the Harvard Psychiatry Medical training program.
Results.– The emergency intervention was most significant with the in-patient cohort. The trainee questionnaires revealed that they were 'somewhat confiden[t]/prepare[d] to handle agitated patients.' This is consistent with the assumption that a minimal number of trainees, especially fellows in child and adolescent psychiatry, have had verbal de-escalation training.
Conclusions.– Pro-active behavior plans assisted in reducing the likelihood of an emergency intervention. Trainees at all level require verbal-de-escalation training to reduce morbidity and mortality.

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

E-PP1307

Training the trainers: supporting implementation of a modern neuroscience curriculum for psychiatric training in the UK — the royal college of psychiatrists Gatsby/Wellcome neuroscience project

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Background and aims.– The Royal College of Psychiatrists (RCPsych) is running a 5-year programme to transform psychiatric training in the UK by integrating modern neuroscience. In the first phase (2016-2018), we reviewed, updated and extended the neuroscience content of training. Now, our focus is on embedding these improvements and supporting teaching around the country.
Methods.– We wanted to identify the support and training needs of psychiatric educators teaching neuroscience. Most are not experts in neuroscience, but they need to be knowledgeable enough to teach the subject and must be skilled and confident enough to teach it effectively.
To address these needs, we developed a series of regional training events called '*Brain Camps*': *Inspiring Excellence in Neuroscience*. These are one-day immersions in clinically-relevant neuroscience, consisting of two interwoven strands:
Refresher sessions on selected topics from cutting-edge neuroscience, presented by research-active, expert teachers from universities/research institutions
Workshops on teaching strategies, facilitated by neuroscientists and educationalists.
Results.– Brain Camps are open to everyone involved in teaching neuroscience in psychiatry. Impact is evaluated through pre- and post-event surveys. The data show a very positive response to training, with participants reporting feeling more 'up-to-date on neuroscience' and more confident in their ability to teach neuroscience effectively.
Conclusions.– An effective programme of training is being developed to proactively support excellent neuroscience teaching to trainee psychiatrists in the UK. Through the exchange of knowledge, skills and best practice, Brain Camps build teachers' confidence and ensure that trainees receive a high-quality educational experience in neuroscience.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1308

Improving health outcomes by engaging families in patient care: a medical student curriculum

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Background and aims.– Limited access to information about the lives of patients can be a challenge for physicians managing medical treatments and interventions. The individual patient is part of an extensive system of influences, including culture, family, and economics, that affect diagnosis and outcome. The family has a significant impact on the patient's prognosis and influences the physician-patient relationship. Engaging families in management has been shown to help improve A1c and weight. Research has also shown, engaging families of a critically ill patient can influence mortality and length-of-stay. In time-limited clinical encounters, however, involving families can be challenging and potentially under-utilized. Due to limited medical student training on engaging with families and limited understanding on the profound impact families often have on a patient's health, there is a lack of competency, comfort, and efficiency in engaging families in health education and treatment planning.
Methods.– This poster introduces a curriculum designed by psychiatry residents trained in family interventions, for medical students to include families in brief clinical interviews. Experiential exercises expose students to common challenges they encounter. Exploration of obstacles to integrating this evidence-based intervention into real-world practice will be discussed.
Results.– The curriculum is being piloted with two groups of third year medical students during their psychiatry clerkship. Pre and post surveys about knowledge, perceived skill, and attitudes toward families will be presented.
Conclusions.– It is our hope that inspiring students to improve communication with families will lead to improved health outcomes and that involvement with families may benefit the physician's clinical work and satisfaction.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1309

Mapping migration and mobility of psychiatry trainees in Ireland

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Background and aims.– Migration of psychiatrists has significant impact on mental health services in both donor and host countries. Although Ireland has experienced a considerable inwards and outwards migration of health professionals, there is paucity of research data on mental health professional mobility in Ireland.
The overall aim of the study was to investigate the patterns and driving forces of short-term mobility and long-term migration amongst psychiatry trainees in Ireland.
Methods.– A Survey was distributed to all psychiatry trainees in Ireland, as part of the European Federation of Psychiatric Trainees (EFPT) Brain Drain study.
Results.– A total of 104 questionnaires were collected. One quarter of the respondents were immigrants, of which half considered themselves as having same opportunities as the local trainees. More than half of the psychiatry trainees in Ireland had a short term mobility experience (3–12 months), and even more had a long-term migratory experience (>1 year). A striking majority of respondents have considered leaving the country, and half of them took practical steps towards migration. Trainees considered that work-related and financial conditions should be improved in Ireland.
Conclusions.– Ireland is a donor and host country for psychiatry trainees and relies heavily on migrant doctors to provide mental health care. Many of the trainees currently working in Ireland, both migrants and non-migrants, are eager to migrate elsewhere. The findings raise awareness of these migratory flows and highlighting the importance of addressing workplace and training unmet needs of psychiatry trainees, among other forces driving their migration.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1310

Specialty choice and affective temperament in medical students

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Background and aims.– Choosing a specialty is a complex process that depends on many external and internal factors. Factors that may influence specialty choice among medical students in Tunisia have not been evaluated yet. The objectives of this study were to explore the specialty choices of medical students and to determine the factors associated with this choice.
Methods.– This is a cross-sectional, descriptive and analytical study including 3rd to 5th year students at the Faculty of Medicine of Tunis, between April and May 2016. Sociodemographic and school data were collected using a pre-established form. Emotional temperament was assessed by a short version of the TEMPS-A questionnaire. The emotional state was measured by the DASS-21 self-questionnaire. Logistic regression was performed to determine the factors influencing the choice of specialty.
Results.– Our sample included 416 students with an average age of 22.5 years and a gender ratio of 0.58. Nearly two-thirds of students considered choosing a medical specialty. Hyperthymic temperament was the most common temperament found in our population (44.4%), followed by cyclothymic temperament and irritable temperament. The two factors influencing the choice of specialty were (i) gender given that more women than men chose a medical specialty and (ii) cyclothymic temperament that was significantly associated with preference for a medical specialty.
Conclusions.– These results could help counselors or psychologists attached to medical schools in their work with students on the choice of their future specialty. Our findings could also motivate faculties to put in place procedures to encourage female students to choose surgical specialties.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1312

Taking care across borders: preliminary results from a European survey about psychiatry trainees and refugee mental health

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Background and aims.– Many European countries have seen an abrupt increase in terrorist threats over the last few years. Due to war and persecution 68,5 million people were uprooted worldwide in 2017 (United Nations High Commission for Refugee's-UNHCR report). Forcibly displaced persons (FDPs) are more at risk for developing PTSD, anxiety, depression, psychosis, somatic disorders. The WHO recommends specific training for mental health care professionals.
The aim is to survey European psychiatric trainees about their knowledge of the FDPs mental health issues.
Methods.– An online questionnaire was designed by the European Federation of Psychiatric Trainees-EFPT Psychiatry Across Borders-PAB Working Group, distributed via local networks among European trainees in 2017.
Results.– 408 respondents from 33 European countries answered the survey (64% female, 36% male, mean age 30). 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. Trainees rated PTSD prevention and acute trauma management as the most necessary skills for managing traumatized patients confidently. Existing training programmes may need improvement. Trainees from almost all European countries are highly motivated to improve their knowledge.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1313

Saving lives – improving psychiatric trainees' confidence with emergency equipment

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Background and aims.–
Background.– Medical emergencies in psychiatric inpatient settings can be life threatening and Psychiatry Core Trainee (CT) doctors are expected to lead these situations. CT doctors have been well trained in the theoretical management of emergencies but often receive no training in the use of the emergency equipment available on their psychiatric wards, and so still do not feel confident in using this equipment.
Aim.– To improve Psychiatry CT doctors' confidence in using emergency equipment available on site during medical emergencies.
Methods.– Following a pilot teaching session at one site, we received positive feedback and expanded this teaching to all sites at the biannual local induction. We organised a 20 minute peer-led, interactive, hands-on teaching session and surveyed the doctors before and after the session to assess if this was an intervention that met our aim.
Results.– Prior to the teaching, only 6% of doctors reported being confident in using the emergency equipment, but this rose to 87% following the teaching. On average, prior to the teaching, only 12% of doctors thought they could locate, and 41% felt confident in using key equipment such as anaphylaxis kits and oxygen. This improved to 97% (locate equipment) and 80% (use equipment) following the teaching.
Conclusions.– A larger trial has confirmed our earlier results that a short, hands-on, teaching session led by fellow CT doctors can significantly improve confidence in locating and using emergency equipment.
Based on feedback received, we plan to continue to revise and hone this session to maximise its impact.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1314

Non-pharmacological interventions for the treatment of metabolic syndrome risk factors in schizophrenia individuals–a systematic review

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Background and aims.– People suffering from schizophrenia are notably vulnerable to the risk factors of metabolic syndrome(MS) which reduces their quality and length of life. The increased risk of MS is related with low physical activity, an unhealthy diet and the side effects of antipsychotic drugs. Non-pharmacological interventions seem to be important in the prevention and therapy of MS.
This paper provides an overview of published studies and critical analysis of pilot programmes involving non-pharmacological measures aimed at prevention and treatment of risk factors for metabolic syndrome in patients with schizophrenia.
Methods.– We searched the PubMed, PsycARTICLE, Cochrane Library databases to identify clinical trials. We included full-text studies that met the following criteria: age > 18 years, the diagnosis of schizophrenia or schizo affective disorder, monitored parameters associated with metabolic syndrome.
Results.– All 1555 references were evaluated for inclusion in the review and 20 met the inclusion criteria. The non-pharmacological interventions led to improvement in physical health and showed a promising potential for implementation in the treatment programmes dedicated to this particular group of patients. However, critical analysis revealed limitations, which implies the direction of future research.
Conclusions.– Patients suffering from schizophrenia can benefit from non-pharmacological interventions aimed at counteracting the risk factors for MS. These should also include a motivation module in order to improve compliance and reduce drop-out.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1315

Successful experience in the interaction between the nursing leagues in psychiatry and other health areas

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Background and aims.– The formation of human resources in health, specifically in the area of Nursing, underwent transformations implying changes in the formation of the professional adapted to reality, prepared to deal with the changes faced by the health sector. It is notorious that there is social pressure for institutions to seek greater to operationalize these transformations involving the integration and sharing of interdisciplinary knowledge in health actions that enable learning and reflection that transcend knowledge become indispensable in the formation of the contemporary professional.
Methods.– The operationalization for interdisciplinary integration between the specialties in nursing started from the discussion related in the process of teaching in health. It is questioned so that knowledge and individual be valued the condition as subject, why we insisted on analyzing it in specialties? Ambitious and challenging, we understand the need to meet, discuss integrality and broader clinical, focusing on the subject and not thematic area, we put together groups of leagues in different areas, discussions on common themes and practical activities developed in the academic community through evidence-based reality and roadmaps to be developed in the institutions of the Network of Health Care we share the themes and prepare in advance.
Results.– The result of these meetings provided the reflection of human values in the biopsychosocial and integral field of community, such as the hierarchy of health care.
Conclusions.– The opportunization and integration of interdisciplinary contents in theoretical-practical activities favor the teaching-learning process, enabling the strengthening of new methodological postures to be used in the daily practice of curriculum for the formation of the health professional in an integral way.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1316

Care training for psychiatric nurses in Tunisia, what's the difference with western countries?

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Background and aims.– The psychiatric nurse is of paramount importance, he participates in the restoration of the physical and psychological integrity of the patient.
The aim of the study was to evaluate the training of psychiatric nurses in Tunisia and compare it with the training in western countries.
Methods.– We present a cross-sectional descriptive study on 30 nurses of the psychiatric department "A" at the Razi hospital in Tunisia, from February to March 2018.
Results.– The majority of nurses received theoretical training during their studies (80%). Nurses who received practical training during their studies accounted for 56%. Ninety per cent confirmed that their nursing colleagues were providing their supervision. Nurses who received continuous supervision in the service during their work accounted for 43.3% of all nurses surveyed. Nurses who received continuing education accounted for 56.7%. The same nurses who said they received continuing education in psychiatry, said they received training about the caring relationship as well. received training in psychiatric interview accounted for 53.3%.
Conclusions.– In western countries, the role of the nurse is governed by the law. In Tunisia, the data concerning the specialized training of nurses as well as their practices of psychiatric maintenance and their functions in the service are still vague.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Women, Gender and Mental Health - Part II

E-PP1317

Design an assess instrument of sexual violence and gender discrimination in medical residents

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Background and aims.– Although specialist medical training is an important pillar for a future effective health system, there is evidence of violence during their trainship. Residents usually did not spontaneously report violence, but they identify when asked directly, there is a need of an instrument to assess the two less frequently reported types of violence (gender discrimination and sexual violence)
Aim.– design a screening instrument assessing sexual violence and gender discrimination in medical residents.
Methods.– The study was conducted at the National Autonomous University of Mexico (UNAM), Mexico City. Participants provided informed written consent. The research and ethics committees approved the study. The design of the instrument consists in two phases: (1) Qualitative phase: 3 focus groups were formed, each with 8 medical residents. A focal group guide with 15 questions was prepared according to the literature review. A total of 24 medical residents participated, 50% women ($n = 12$), age of 29.5 years (SD = 2.43), mostly single (62.5%, $n = 15$) and without children (75%, $n = 18$). They were coursing 12 different medical specialties courses. The contents of the interviews were coded and categorized. Subsequently, the categories that emerged were organized according to a pre-established category tree and analyzed. Finally, the interpretation of the testimonies was triangulated. (2) Quantitative phase, the information was incorporated into a 62-item instrument. For content validity, gender and sexuality experts were asked to rate on a four-point scale. Items with a Content Validity Index(CVI) over 0.80 were remained.
Results.– This study provided a 62 item-instrument for assessing sexual violence and gender discrimination in medical residents.
Conclusions.– Future research is needed to test psychometric properties of the instrument.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1321

Quality of live in women during menopause

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Background and aims.–
Introduction.– Menopause is associated with complex changes that significantly affect the quality of life (QOL) of postmenopausal women.
Objectives.– To study the quality of life of postmenopausal women and the factors correlated with impaired QOL.
Methods.– We conducted a descriptive cross-sectional study among menopausal women, aged between 40 and 60, who are consultants at the Sfax –Tunisia Basic Health Centers. We used the SF36 scale and the Qualifemme in version 32 to evaluate QOL.
Results.– Seventy-five menopausal women participated; their average age was 55.2 years. In the majority of cases, they did not exceed the secondary school level (74.7%), were housewives (46.6%), lived in the city (97.7%), had an average socio-economic level (78.7%). The study of QOL in our sample according to SF36, showed impaired QOL in 80% of cases. According to the Qualifemme, the expressed gene was in decreasing order of the climatic pole, the psycho-social pole, the urogenital pole and the somatic pole. The overall mean SF36 was correlated with standard of living ($p = 0.005$), number of children ($p = 0.04$), anxiety ($p < 10^{-3}$), to the perception of menopause ($p = 0.05$), to the presence of sexual dysfunction ($p = 0.05$), notably to the sexual arousal disorder ($p < 10^{-3}$). The mean score of Qualifemme was correlated with standard of living ($p = 0.003$), level of education ($p = 0.011$), anxiety ($<10^{-3}$), and depression ($p = 0.003$), frequency of intercourse after menopause ($p = 0.016$), FSFI sexual arousal disorder ($p = 0.012$).
Conclusions.– We discover many complaints in the quality of life of climacteric women. We play an important role helping women manage menopausal changes.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1322

Psychosexual impact of fibromyalgia in women

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Background and aims.– Fibromyalgia (FM) is a chronic musculoskeletal pain syndrome characterized by widespread body pain and fatigue. FM has 2% prevalence in the community and occurs at a four- to sevenfold greater prevalence in women than in men.
Objectives.– We aimed to investigate the current prevalence of sexual dysfunction (SD), mood and anxiety disorders in female patients with Fibromyalgia (FM).
Methods.– The study group consisted of 40 female patients diagnosed with FM according to the American College of Rheumatology criteria who were followed at the Pain Treatment Center in Tunis. The control group consisted of 30 female from the general population.
Mood and anxiety disorders were diagnosed according to the DSM IV.
Fibromyalgia Impact Questionnaire (FIQ), and Female Sexual Function Index (FSFI) were used.
Results.– The mean age of the participants ($n = 70$) was 39.5 ± 6.5 years. The majority of women were unemployed (74%). Thirty three patients (82.5%) with FM were diagnosed with SD. The most common SDs in patients with FM were lack of sexual desire ($n = 16$, 48.5%) and arousal disorder ($n = 10$, 30%). Lack of sexual desire ($p = 0.01$), orgasm disorder ($p = 0.03$), and arousal disorder ($p = 0.04$) were observed significantly more frequently in the patient group than in the control group. Among the patients with FM,41 (52.5%) had a mood disorder, and 15 (37.5%) had an anxiety disorder. The most common psychiatric disorders were major depression and generalized anxiety disorder. Patients with FM and SD showed significantly higher scores of QIF with sleep disturbance and lack of well-being.
Conclusions.– Fibromyalgia has negative effects on female sexual function that are aggravated by depression.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1323

What does fibromyalgia hide in women?

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Background and aims.– Fibromyalgia is a medically unexplained polyalgic syndrome affecting 1.3 to 2% of the general population. This pathology affects women seven times more than men. The etiology remains unknown. Functional origin is strongly suspected with importance of psychiatric comorbidities.
Objectives.– To evaluate the prevalence of psychiatric comorbidities in women with fibromyalgia and to study the relationship of this pathology to psychotrauma
Methods.– A longitudinal and evaluative study took place at the Pain Treatment Center in Tunis from January 2nd to April 30th, 2018.
Psychiatric disorders of Axis I and Axis II were assessed by DSM IV Evaluation of traumatic events in childhood by the Childhood Trauma Questionnaire.
Results.– Fifty women were retained, the average age was 35 ± 5 years. Two-thirds were married and half of the patients were not working. Forty patients (80%) had Axis I Disorders. The mood disorders found in our patients were: 60% major depressive episode, 20% recurrent depressive disorder and 20% bipolar disorder. Anxiety disorders were found in 40% of our patients with 70% anxiety generalized disorder, 20% post traumatic stress disorder and 10% specific phobia. Personality disorders were found in 50% of our patients with: 30% histrionic, 30% obsessional compulsive ($p = 0.01$), 20% dependent and 20% depressive.
The majority of our patients reported traumatic events during their childhood (75%). The traumatic events significantly associated with FM were: child maltreatment 80% ($p = 0.002$), sexual abuse 60% ($p = 0.003$).
Conclusions.– The importance of psychiatric comorbidities and psychotrauma in women with FM requires multidisciplinary management.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1324

The effects of prenatal maternal stress, loneliness/helplessness, depressive symptoms, sleep difficulties and social support on child temperament in 3 months postpartum

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Background and aims.– Mother's wellbeing in pregnancy can negatively impact child's development, including temperament. This study aims to explore if maternal stress, social support, loneliness/helplessness, sleep difficulties and its interference in daily functioning, non-restorative sleep, and depressive symptoms in pregnancy (T0) are correlates/predictors of mother's perception of the child's difficult temperament at 3 months postpartum (T1).
Methods.– 392 pregnant women, with no-risk pregnancies, aged 19–44 years, 93.1% married, completed a booklet of questionnaires in T0 and T1, which included PDSS, Loneliness/Helplessness-POMS index, QTDC, questions to assess stress, social support, difficulties in initiating (DIS), maintaining (DMS) terminating sleep (DTS), non-restorative sleep (N-RS) and sleep difficulties interference in daytime functioning, specifically in daily life/work (SDIDF-DL/W) and in humour (SDIDF-H).
Results.– Mothers perception of child difficult temperament in T1 was poorly and positively correlated with PDSS-Total ($p < .01$), with DMS ($p < .01$), N-RS ($p < .01$), SDIDF in daily life/work ($p < .05$) and in humour ($p < .01$). Mother's T0 stress, social support, and loneliness/helplessness were not significantly associated with child temperament/T1. Hierarchical regression analysis showed that PDSS-T, DMS, N-RS, SDIDF-DL/W and SDIDF-H in T0 explained 8.0% of the child's difficult temperament in T1. The initial significant contribution of PDSS-T disappeared after sleep variables were entered in the model. The only significant predictor was SDIDF-H.
Conclusions.– Mother's depressive symptoms, sleep difficulties, and particularly sleep difficulties interference in daytime functioning/humour in pregnancy may have consequences on mothers' perception of baby's difficult temperament at 3 months postpartum. It is necessary to promote maternal mental health in pregnancy to prevent negative consequences on child's development.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1325

A reconceptualization of depression eliminates gender differences in its prevalence in a rural primary care clinic in Northern New England, USA

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Background and aims.– Within the criteria of the American Psychiatric Association or the International Classification of Disease (ICD), women have a 2–4 fold greater incidence and prevalence of depression than men. Converging research in neurobiology and gender studies made us wonder if reconceptualization of depression as a response to being in a hopeless situation in which one feels helpless (lacking agency) with subtypes of primarily internalizing and primarily externalizing would eliminate current gender differences.
Methods.– As part of another study, we have been collecting patient life stories. The diagnoses in our samples matched the conventional preponderance of women for depression and men for antisocial or bipolar diagnoses. We developed a rubric for determining from the life story if the person was in a self-perceived hopeless situation in which no opportunity for agency to change could be seen. We then asked if the person was internalizing (classic symptoms of depression with lack of interest, anhedonia, abulia, and loss of capacity to act – essentially a collapse inward) or externalizing (engaging in risky behaviors, fighting, and being more irritable and/or aggressive – essentially, purposeless action). We then reviewed the life stories from these perspectives.
Results.– Within our reconceptualization of depression, gender differences disappeared and the numbers of men and women diagnosed as depressed were equal. Men externalized more, while women externalized more.
Conclusions.– Gender differences in incidence and prevalence of depression may be more a result of different socialization of men and women for how to respond to feelings of hopelessness and helplessness than of their intrinsic biology.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1326

Psychological distress, negative and positive affect, stress, marital satisfaction and sleep: comparison of women with infertility and without infertility

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Background and aims.– Background: There are few national and international studies comparing women with infertility and pregnant women (fertile) in terms of anxiety and depressive symptoms, negative and positive affect, stress, marital satisfaction and sleep. Aims: To compare anxiety, depression, negative and positive affect, stress, marital satisfaction and sleep levels between women with infertility and women without infertility; to explore associations between the infertility situation and sociodemographic, clinical and health variables.
Methods.– Two samples (129 women with infertility; age, *M* = 34,99; SD = 4,45; range = 25–45; 58 women without infertility; age, *M* = 32,08; SD = 3,87; range = 24–39) responded to a protocol composed by a questionnaire with sociodemographic, clinical and health questions, the Profile of Mood States-30 (POMS-30), the Depression, Anxiety and Stress Scales-21 (DASS-21), the Marital Life Areas Satisfaction Assessment Scale (EASAVIC) and the Insomnia Severity Index (ISI).
Results.– Women with infertility presented higher levels of depression and insomnia, as well as lower levels of positive affect, than women without infertility. In all dimensions of marital satisfaction women with infertility had lower scores than women without infertility. Concerning anxiety and stress, there were no differences between the two groups.
Conclusions.– The study confirms that infertility is associated with the decrease of women's psychological well-being, mainly anxiety and depressive symptoms, negative and positive affect, stress, marital satisfaction and sleep. These results are important given the paucity of studies combining infertility and sleep areas, which should be considered in psychological interventions with women with infertility, along with the other variables.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1327

Minor psychiatric disorders in Brazilian female shift workers

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Background and aims.–
Introduction.– Minor Psychiatric Disorders (MPD) have been studied, as one of the possible changes in mental health of shift workers. The same has defined, according to Goldberg & Huxley (1992), as disorders related to insomnia, irritability, fatigue, forgetfulness, difficulty concentrating and somatic complaints. It have estimated that worldwide prevalence of MPD in the general population is 7% to 30%.
Objectives.– To identify the prevalence of MPD in female shift workers, according to sociodemographic conditions, lifestyle and Sleep Quality.
Methods.– Cross-sectional study, with data collected in the Southern of Brazil. Sample composed of 450 female shifts workers. The MPD defined through the Self-Report Questionnaire. The cut-off point used to identify the MPD in the instrument was score > 8 points[4]. The data analysis has performed through SPSS (21.0).
Results.– MPD was present in 47.3% of the study. The sample consisted with aged 31 to 40 years (34.7%), white (69.3%), married (54.4%), with 9 to 11 years of schooling (76.8%), non-smokers (73.8%), workers of the day shift (76.2%), sleep disturbance (63.3%) and abdominal obesity (49.1%). In the bivariate analysis, early age (*p*-valor 0.04) and poor sleep quality (p-valor 0.05) were associated with MPD.
Conclusions.– Significant association that the lower the age the greater the prevalence of MPD. As in the sleep quality index, sleep disorders presented higher prevalence of the MPD. The results are in agreement with the current literature, however they are preliminary results, more analyzes will be carried out to clearly show the conclusions.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-Poster Presentation: Women, Gender and Mental Health - Part III

E-PP1328

Prevalence and comorbidity of major depression and anxiety disorders in the postpartum

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Background and aims.– Perinatal anxiety has not been so considered as perinatal depression, but the few rigorous epidemiologic studies prove that it is equally prevalent and that depression and anxiety comorbidity seems to be higher in the perinatal period (Dennis et al., 2017). Knowledge about perinatal anxiety disorders prevalence in Portugal is very scarce.
Objectives.– To estimate the prevalence and comorbidity rates and predictors of postpartum Major Depression (MjD) and Anxiety Disorders (AD) according to the DSM-5 diagnostic criteria at the sixth month postpartum.
Methods.– 349 women (Mean age = 32.25 ± 5.832 years) answered the Perinatal Depression Screening Scale-24 (PDSS-24) and the Profile of Mood States-27 (POMS-27) in the second trimester of pregnancy and were interviewed with the Diagnostic Interview for Psychological Distress-Postpartum at the sixth month postpartum (Mean age of the baby = 25.54 ± 8.252 weeks).
Results.– The postpartum prevalence of MjD was of 5.7% (*n* = 20), with half of cases presenting the specifier "with anxious distress"; of any Anxiety Disorder was of 3.2% (*n* = 11), being Generalized Anxiety Disorder (GAD) the most prevalent (*n* = 8; 2.3%), followed by Panic Disorder (*n* = 2, 0.6%) and Social Anxiety Disorder (*n* = 1; 0.3%). More than half (*n* = 6; 5.5%) of women with an AD (all PAG) also had MjD. Depressive symptomatology and negative affect in pregnancy were associated with postpartum MjD and AD (odds ratio [OR] range: 1.12–2.14), experienced individually or together.

Conclusions.– This is the first Portuguese study on postpartum MjD and AD prevalence according to DSM-5. Increased recognition of their high prevalence and comorbidity will lead to more effective screening, prevention and early intervention.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1330

Emotional and personality characteristics of middle-age women with essential hypertension and their relation with cognitive efficiency

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Background and aims.– The topic of maintaining of women's health is one of the priorities of modern medicine.
This brings to the fore the goal of studying emotional and personality characteristics of women with essential hypertension (EH) and their relation with cognitive efficiency of patients.
Methods.– The study involved 43 naive women with uncomplicated EAH, stage 1–2 (average age is 52.8 ± 6.1) and 43 normotensive women (average age is 49.1 ± 6.7).
Participants performed the following assessment: Ways of Coping Questionnaire, Cognitive Emotion Regulation Questionnaire, Hamilton Depression and Anxiety Rating Scales, Heckhausen's Motivational Test, Multi-Motive Grid, Schulte tables test, MoCA test, CERAD 10-word list, Raven's progressive matrices test, and Pictogram test.
Results.– EH women differ from their normotensive peers by higher rates of anxiety (2.35 ± 1.81 vs 0.26 ± 0.85; $p = 0{,}00$) and depression (1.41 ± 1.88 vs 0.19 ± 0.56; $p = 0{,}00$). They are less likely to use such coping- and emotion regulation strategies as confrontation (11.1 ± 4.2 vs 15.4 ± 4.6; $p = 0.02$), positive reappraisal (13.7 ± 3.2 vs 15.1 ± 3.7; $p = 0.03$), and planning (11.6 ± 3.4 vs 13.1 ± 3.6; $p = 0.02$). Women with EH show prevalence of fear of failure over hope for success (-3.40 ± 2.38 vs 8.3 ± 5.6; $p = 0{,}00$), lower overall level of achievement motivation (6.16 ± 2.84 vs 13.79 ± 4.8; $p = 0{,}00$), and increased fear of losing control in social situations (9.57 ± 3.29 vs 5.40 ± 2.36; $p = 0{,}00$)) and fear of rejection (7.00 ± 3.43 vs 4.86 ± 1.43; $p = 0{,}02$). The factor analysis (principal components) showed the significant relations between described personality characteristics and indicators of cognitive efficiency of EH women.
Conclusions.– The results justify the need for differentiated approach to treatment and psychological support for EH patients.
The research was supported by RFBR; project № 17-06-00954.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1331

Adverse childhood experiences leads to perceived negative attitude of others and the effect of adverse childhood experiences on depression mediated via negative attitude of others

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Background and aims.– The attachment theory suggests that adverse childhood experiences (ACEs) can have an effect on how individuals perceive other people's attitude towards them. ACEs have also been associated with adult depression.
We hypothesised that ACEs associate with perceived negative attitude of others (AoO) and depressive symptoms (DEPS), and that these associations differ between the genders.
Methods.– Altogether, 692 participants drawn from the general population completed the Trauma and Distress Scale, as a measurement of ACE and its domains: emotional abuse (EmoAb), physical abuse (PhyAb), sexual abuse (SexAb), emotional neglect (EmoNeg) and physical neglect (PhyNeg); a visual analog scale with the question: "What kind of attitude do other people take towards you?", and the self-report scale DEPS on depressive symptoms.
Results.– In path analyses, ACE total and all its domains associated directly and indirectly, via DEPS, to negative AoO in the whole sample, and in females separately. ACE total, EmoAb, PhyAb, EmoNeg and PhyNeg associated directly and indirectly, via AoO, to DEPS in the whole sample and in both genders separately. Mediation effect via AoO was greater than via DEPS. EmoNeg, in all, and EmoAB, in males, had specific associations both with negative AoO and DEPS.
Conclusions.– ACEs have a direct and indirect, via depression, negative effect on how adult individuals perceive other people's attitude towards themselves. Additionally, negative AoO mediates the effects of ACEs on depression. Emotional neglect in childhood associates specifically with negative attitude of others and depression in adulthood.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1333

Reflections upon interpersonal and team dynamics in a diverse mother and baby inpatient unit of East London

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Background and aims.– The City and Hackney Mother and Baby Unit (MBU) is a specialist 12 bedded ward based at Homerton University Hospital in Hackney, East London. The unit provides assessment and treatment of women who are at risk, or experience significant mental health difficulties during pregnancy (from 32 weeks) or within the first postnatal year. The unit serves the population of Hackney Borough – the 6th most diverse London borough- but also accepts referrals from outside borough, and often outside London. Women are nursed with their infants and the ward team is a specialized multi-disciplinary team led by the consultant psychiatrist and the ward matron. Our approach is multi-disciplinary, holistically focusing on mother's illness as well as its impact in the dyadic relationship of mother and infant.

Our study aims to describe and reflect on the complex, unique and often challenging dynamics that arise in the context of perinatal mental illness, in a diverse ward environment. We offer perspectives as psychiatrists with training in psychodynamic (Dr. Tsoumpris) and creative arts therapies (Dr. Alsaraf).
Methods.– Our study is qualitative and takes a descriptive and reflective approach.
Results.– We comment on three case studies of women and their babies admitted on the MBU. We use a psychodynamic framework to conceptualise the interpersonal and team dynamics that arose when treating these patients.
Conclusions.– Our observations will highlight the complex interpersonal and relational dynamics that may occur in women and babies during the perinatal period and how these can impact on the functioning of a diverse and busy MBU.
Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PP1335

Recommendations for the use of ECT in pregnancy: literature review and proposed clinical protocol

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Background and aims.– Psychiatric disorders are common in pregnancy, affecting 15–29% of pregnant women. Untreated depression has negative consequences for mother and fetus. Electroconvulsive Therapy (ECT) is an effective treatment for severe depression. However, there is no literature that consolidates the evidence on maternal and fetal risks associated with untreated depression, medications, and ECT and translates it into an evidence-based protocol. In order to facilitate ECT access to perinatal patients, we performed a literature review and propose guidelines for the administration of ECT in pregnancy.
Methods.– A comprehensive review of the literature regarding both ECT and psychotropic medications in pregnancy was performed, including meta-analyses and all systematic reviews of use of ECT in pregnancy.
Results.– The indication and appropriateness of ECT in pregnancy must be carefully weighed against the risks of untreated maternal illness and alternative treatment options. The safety of ECT in pregnancy has been well documented over the last 50 years. The adverse effects in pregnancy are similar to the risks of ECT in any individual. The most common maternal risks are premature contractions and preterm labor, which occur infrequently and are not clearly caused by ECT. The rates of miscarriages are not significantly different from that of the general population. Unlike certain medications, ECT poses minimal risk to the fetus.
Conclusions.– ECT is safe and effective for management of many psychiatric disorders in pregnancy. Based on changes in physiology that occur during pregnancy, we considered recommendations for treatment modifications and propose a protocol to improve access and safety of ECT for pregnant patients.
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