

tic effects. (3) In the new MHPCs, on-site TTT education programme and organisational development have been in place. (4) The activities of the MHPCs have been monitored for knowledge transfer and attitude changes in the local networks. (5) Based on the results, recommendations are being made for the national extension of the model.

**Results and conclusions** The first data ready for analysis will be available by April 2017.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1368>

#### EV1039

### A comprehensive training program for professionals working in mental health promotion centers in Hungary

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**Background** In a 12 month long mental health promotion pilot programme funded by the Norway Grants, 6 mental health promotion centers (MHPCs) are being set up in various locations in Hungary, employing 2 mental health professionals each, whose main commitment is to develop a local network of key stakeholders. The aim of the project is to enable MHPC professionals to perform network building tasks involving knowledge transfer and attitude changes regarding the following key areas: depression, suicide, dementia, stress and risk assessment.

**Objective** To measure the effectiveness of the training and education process by using indicators for feedback, knowledge transfer and attitude changes.

**Methods** The comprehensive TTT (train the trainers) process of MHPC professionals targets 3 main domains:

- improving presentation skills;
- knowledge transfer (measured with tests);
- elaborative workshops about mental health problems (measured by attitudes at baseline, post-training and 3 months post-training).

**Results** The satisfaction assessment of the initial 3 days long training averaged 4.73 on a 5-point Likert-scale. Altogether, 12 (2/centres) knowledge transfer trainings are being delivered evaluated by attitude change and general satisfaction questionnaires. One elaborating workshop per center has been delivered during the study period. Being a process still underway, the outcome results will only be available by the conference.

**Conclusion** This procedure enables professionals to disseminate trainings and build networks for mental health promotion in their micro-regions. The optimized version of this pilot program will be delivered on a national level in future projects.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1369>

## e-Poster Viewing: Psychoneuroimmunology

#### EV1040

### Oxidative stress, inflammation and mild cognitive impairment

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**Introduction** Oxidative stress (OS) and inflammation are processes known to be implicated in neurodegeneration. Moreover, risk factors for dementia (depression, obesity, sedentary lifestyle, diabetes, etc.) are associated with up-regulation of pro-inflammatory cytokines. OS has been found in animal models to contribute to cerebral amyloid angiopathy. However, investigations of the associations between OS, inflammation and MCI, typically in small clinical samples have produced mixed results.

**Objectives** Clarify associations, between OS, inflammation and MCI in a large cohort of community-living individuals.

**Methods** Cognitively healthy individuals ( $n=211$ , 44% female, 75.2 years) and with MCI ( $n=23$ , 44% female, 75.2 years) from a population sample were included. MCI diagnosis was established based on a detailed neuropsychological assessment. Inflammatory (IL1b, IL4, IL6, IL8, IL10, TNF-a) and OS (total anti-oxidants, NO, neopterin) markers were assessed in plasma samples. Associations between biomarkers, MMSE, and MCI status were tested with multiple linear and logistic regression analyses.

**Results** Univariate analyses showed that log IL4 (estimate:  $-0.175$ , SE: 0.085,  $P=0.041$ ) and NO (estimate: 0.015, SE: 0.006,  $P=0.017$ ) were the only markers associated with MMSE scores. MCI status was predicted by log IL4 (estimate: 0.822, SE: 0.357,  $P=0.021$ ) and total anti-oxidants (estimate:  $-0.007$ , SE: 0.003,  $P=0.014$ ). Controlling for pro-inflammatory conditions (T2D, BMI, depression, hypertension) removed the associations with inflammation but not with OS.

**Conclusions** These results indicate that increased systemic inflammation and increased OS were associated with lower MMSE scores and higher odds of having MCI. This confirms that systemic pro-inflammatory processes are associated with impaired cognition and should be specifically considered in treatment and risk-reduction interventions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1370>

#### EV1041

### Effect of original anticonvulsant meta-chloro-benzhydryl-urea on behavioral and immune parameters in mice with active and passive behavior types in experimental alcoholism

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**Objective** Violation of the functional activity of the nervous and immune systems is an essential link in the pathogenesis of chronic alcohol dependence. The search for new psychopharmacological agents whose action is directed to correction of neuroimmune interaction opens new perspectives for the treatment of alcohol dependence.

**Methods** (CBAx57Bl/6) F1 mice with active and passive behavioral types in a state of chronic alcohol dependence owing to 6month 10% ethanol exposure were undergoing intragastric administration of original anticonvulsant meta-chloro-benzhydryl-urea. Animal's behavioral and immune parameters, brain cytokines synthesis before and after anticonvulsant receiving were estimated.

**Results** In the formation of experimental alcohol dependence in animals the most pronounced changes in motor and exploratory