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Introduction   Annual monitoring of physical health of people with severe mental illness (SMI) in primary or secondary care is recommended in England.

Objective   The SMI Health Improvement Profile (HIP) was developed to target physical well-being in SMI through the role of the mental health nurse.

Aim   The primary aim was to investigate if health checks performed by community mental health nurses (CMHNs) trained to use the HIP improved the physical well-being of patients with SMI at 12 months.

Methods   A single blind, parallel group randomised controlled trial of training to use the HIP (clustered at the level of the nurse). Physical well-being was measured in study patients using the physical component score of the SF36v2 at baseline and at 12 months.

Results   Sixty CMHNs (working with 173 patients) were assigned to the HIP programme (training to use the HIP) or treatment as usual. The HIP was completed with 38 (42%) patients at baseline and 22 (24%) at follow-up in the HIP programme group. No effect of the HIP programme on physical health-related quality of life of study patients was identified, a finding supported by per protocol analyses.

Conclusions   This study found no evidence that CMHN delivered health checks following training to use the HIP are effective at improving the physical well-being of SMI patients at one year. More attention to methods that aim to enable the delivery, receipt and enactment of evidence-based interventions to improve physical health outcomes in this population is urgently required.
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Disclosure of interest   The authors have not supplied their declaration of competing interest.

EW0826

Brainstem audiometry as a diagnostic tool in psychiatry: Preliminary results from a blinded study

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Background   Some prior studies of brainstem audiometry have found illness-specific aberrations, suggesting that this procedure can be of use to clinicians in diagnosing certain psychiatric illnesses.

Aims   The study aimed to examine the diagnostic properties of a brain stem audiometry procedure (SD-BERA®) for patients suffering from schizophrenia and bipolar disorder.

Methods   A blinded study including 12 patients with schizophrenia, 12 patients with bipolar disorder, and 12 healthy controls was performed in 2014/2015. The patients were recruited from psychiatric specialist services and a primary care office in the County of Troms, Norway. The patients and controls were examined with brainstem audiometry. The clinical diagnoses were not known to the researchers who analysed the brain stem audiometry data at the Swedish company SensoDetect. Sensitivity and specificity for each group (compared to healthy controls) was calculated.

Results   The brain stem audiometry procedure had a high degree of sensitivity (1.00), but a lower degree of specificity (0.45) when patients suffering from bipolar disorder were compared to healthy controls. For the diagnosis of schizophrenia, the brain stem audiometry procedure had a high degree of specificity (0.91), but a lower degree of sensitivity (0.33) when patients were compared to healthy controls.

Conclusions   This method may help clinicians by lending support to a clinically suspected diagnosis of schizophrenia. The relatively low specificity for bipolar disorder could suggest that the method needs further development before it can be useful clinically when the diagnosis of bipolar disorder is suspected. Further scientific testing is needed to verify these findings.

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

EW0827

Aripiprazole in treatment of disability in social, professional and family life in schizophrenia patients

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Introduction   Enhancement of overall functioning is one of most important goals in treatment of schizophrenia (SCH) patients.

Objective   To assess efficacy of aripiprazole in treatment of disability and impairment in social, professional and family life in SCH patients.

Methods   This study included 50 patients with SCH diagnosed by ICD-10 criteria, divided into H (Haloperidol, 5–20 mg/24 h) group (25 patients), and A (Aripiprazole, 10–30 mg/24 h) group (25 patients). Antipsychotics were tested for 12 months with Positive and Negative Symptom Schedule Scale (PANSS), Sheehan Disability Scale (SDS) and the number of withdrawals attributed to adverse event (AE).

Results   The mean pretrial PANSS score was 103.6 in A and 105.3 in H group. The mean PANSS score after 12 months was 53.5 in A and 54.4 in H group. There were no significant statistical difference in PANSS pretrial scores and scores after 12 months between groups, $P = 0.619$; $P = 0.364$. There were significant statistical difference in PANSS score reduction after 12 months in both groups ($P < 0.001$). Aripiprazole improved all SDS scores in comparison to Haloperidol with high statistical significance. Work: A vs. H, $P < 0.001$; social life: A vs. H, $P < 0.001$; family life: A vs. H, $P < 0.001$; days lost: A vs. H, $P = 0.012$; days unproductive: A vs. H, $P = 0.007$; 8.0% AEs occurred in A, and 36.0% in H group.

Conclusions   Aripiprazole showed same efficacy as haloperidol in treatment of SCH. Aripiprazole showed significantly better efficacy in treatment of disability and impairment. Number of withdrawals was significantly higher in haloperidol group.

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

EW0828

Smoking and tardive dyskinesia in patients with schizophrenia

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Introduction   Tardive dyskinesia (TD) is a drug-induced movement disorder that arises with antipsychotics. These drugs are the mainstay of treatment for schizophrenia. Epidemiological studies have shown mixed results on smoking's association with TD.

Objective To study the association between smoking and TD induced by antipsychotics in outpatients with schizophrenia.

Methods This was a cross-sectional study. It involved 89 patients suffering from schizophrenia, followed-up in outpatient psychiatry unit at Hédi Chaker university hospital in Sfax in Tunisia, between April and May 2016. We looked for TD in according to DSM-IV-R criteria. The intensity of TD was assessed with the Abnormal Involuntary Movement Scale (AIMS) and the level of nicotine dependence with the Fagerström Test for Nicotine Dependence (FTND).

Results The prevalence of smoking in patients with schizophrenia was 69.6%. Of these, 54.8% had a high or very high degree of nicotine dependence. The prevalence of TD was 33.7%. The AIMS average score was 12.13 ± 5.6 with extremes ranging from 3 to 26. TD was correlated with tobacco consumption ($P = 0.003$), the average number of smoked cigarettes (43.7 vs. 33.8; $P = 0.004$) and the Fagerström average score (7.2 vs. 6.1; $P = 0.012$).

Conclusion The results of this study showed a correlation between the amount of smoking and severity of TD in patients with schizophrenia. The nature of the relationship between smoking and TD needs to be clarified through an experimental study.

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

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e-Poster Walk: Substance related and addictive disorders – Part 2

EW0829

Leptin and ghrelin levels in alcohol-dependent patients and their relationship with withdrawal and craving

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Introduction Association between leptin and ghrelin plasma levels and alcohol craving have been found in few studies but they have failed to differentiate this correlation with alcohol withdrawal state.

Objectives To research this correlation in a different population and to study this correlation with respect to hyper-excitable state of alcohol withdrawal.

Aim To study levels of leptin and ghrelin in relation with alcohol withdrawal and craving.

Methods Twenty-five indoor patients fulfilling the alcohol dependence criteria were assessed for alcohol withdrawal symptoms and craving. Leptin and ghrelin levels were measured on 1st day, @ the end of 1st week, @ the end of 3rd week of stopping alcohol. Withdrawal was assessed using CIWA-A at day 1 and day 7, craving was assessed using PENN's scale of craving at the end of week 1 and week 3. Control group consisted of 15 first-degree relatives not taking alcohol.

Results It was found that leptin [t (38) $= 2.95$, $P = 0.005$] and ghrelin [t (38) $= 2.56$, $P = 0.015$] were significantly higher in alcohol-dependent patients. Levels of hormones had no significant correlation with alcohol withdrawal scores but had positive correlation with craving scores after abstinence.

Conclusions Leptin and ghrelin, known for balancing the energy homeostasis of body, also seem to play a role in pathways of drug dependence and craving. This relation is independent of stress hormone axis as leptin and ghrelin levels are not correlated with withdrawal scores, which is an indicator of stress hormone axis activation during alcohol withdrawal.

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

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EW0830

Affective temperaments in medical students using prescription stimulants for neuroenhancement

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Introduction The non-medical use of prescription stimulants (NMUPS) is a common habit among American college students; It refers to the use of stimulant medications by students who do not qualify for prescription or in higher quantities or manners other than prescribed in order to improve their academic performance. To the best of our knowledge, no studies have examined the role of specific affective, biologically determined and inherited traits that might predict misuse of stimulants for neuroenhancement in graduate education.

Aim To examine the role for individual temperament traits on non-medical use of prescription stimulants (NMUPS) in medical college students.

Methods We investigated 181 students using the short form of the Temperament Evaluation of the Memphis, Pisa, Paris and San Diego Auto-questionnaire (TEMPS-A). Furthermore, we assessed the association of demographic variables and health risk behaviors (drinking, smoking, use other illicit drugs) with NMUPS. Predictors were investigated using logistic regression.

Results The prevalence of NMUPS was 30.06% with 7.1% users being previously diagnosed with ADHD. NMUPS users had higher scores on the hyperthymic scale. The main reason for taking NMUPS was to "Increase ability to stay alert during studying" (80.1%) followed by "Allow studying for longer periods of time" (19.9%). The hyperthymic temperament score and being a user of other illicit drugs increased the odds of becoming NMUPS.

Conclusions Our results suggest that personality profiles can be used to identify students with an increased risk for NMUPS for early personalized counseling and behavioral intervention based on their temperament profile.

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EW0831

Impulsivity and pathological gambling: An Italian study

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Introduction Pathological gambling (PG) is a behavioral addictive disorder characterized by persistent and problematic gambling behaviors, in presence of impairment of self-regulation and impulsivity. Impulsivity is widely supported by literature in developing and maintaining addictive behaviors and PG.