

Conclusions The present study describes the frequency of QTc prolongation in real-world clinical practice. Before prescribing a psychotropic drug, the physician should carefully assess its risks and benefits to avoid this type of adverse reaction, particularly when additional risk factors are present. The potential role of alcohol and substances on QTc length could be particularly useful in emergency settings.

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EW0282

Clinical features and diagnosis of alcoholic hallucinosis

N. De Uribe-vilorio*, A. Alonso Sanchez, M. De Lorenzo Calzon, M. Gomez Garcia, A. Alvarez Astorga, H. De La Red Gallego, R. Hernandez Anton, S. Gomez Sanchez, C. Noval Canga, G. Medina Ojeda, F. De Uribe Ladron De Cegama
Hospital Clinico Universitario De Valladolid, Psychiatry, Valladolid, Spain

* Corresponding author.

Introduction Alcoholic hallucinosis is a rare complication of chronic alcohol abuse, characterized by acoustic verbal hallucinations and delusions, mainly of a menacing content, arising in clear consciousness, that appear during or shortly after a period of heavy alcohol consumption.

Objectives and aims To outline the key clinical features of alcoholic hallucinosis in order to improve differential diagnosis with other entities.

Methods We studied the evolution of an outpatient followed in a Mental Health Centre of Valladolid and compared it with present data about the condition, found in a bibliographic search of articles no older than 10 years about the topic.

Results Partial insight about the experience, along with clear consciousness, was key to discard other psychiatric diagnosis that also present acoustic hallucinations. Neuroimaging and functional tests in our patient showed moderate cognitive impairment and cortical atrophy, which contradicts other studies which claim that an acceptable level of cognition must be present in order to gain the necessary insight to meet the diagnostic criteria.

Conclusions Alcoholic hallucinosis is a rare form of subacute encephalopathy, secondary to an abrupt stop in a previously chronic and heavy alcohol consumption. Its diagnosis is mainly clinical, and neuroleptics are the most used drug, being abstinence essential for an adequate evolution. The course is usually benign, although the acoustic phenomena may not disappear completely.

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EW0283

Resilience and psychological correlates in a group of patients affected by dual diagnosis

C. Delicato*, E. Gattoni, S. Di Marco, C. Vecchi, A. Venesia, P. Zeppegno, C. Gramaglia
Università degli Studi del Piemonte Orientale "A. Avogadro", Translational Medicine, Novara, Italy

* Corresponding author.

Introduction Although several authors found a strong association between childhood trauma and substance abuse disorder, many other suggest that specific personological aspects and resilience may contribute to the development of this disease.

Objectives To compare the characteristics of psychiatric patients with and without dual diagnosis assessing differences in psycho-

logical correlates, such as resilience, coping strategies, self-esteem, temperament, character traits and childhood trauma.

Methods From November 2015 to May 2016, we recruited all patients aged between 18 to 65 years referred to the Psychiatry Ward of "Maggiore della Carità" Hospital in Novara, Italy. Diagnosis of psychiatric disorder was made according to DSM-5 diagnostic criteria. Exclusion criteria were: inability to express a valid informed consent, a personality disorder or mental retardation diagnosis. We administered to each patient: Resilience Scale for Adult (RSA), Brief Cope, Rosenberg Self-esteem Scale (RSES), Childhood Trauma Questionnaire (CTQ), Temperament and Character Inventory (TCI). Patients were subdivided for the analysis into two groups: dual diagnosis and no dual diagnosis (or single diagnosis) group.

Results Data show that dual-diagnosis patients ($n = 40$) had lower global levels of resilience (RSA) and cooperativeness (TCI). Higher novelty seeking and reward dependence traits (TCI) were found as well. Moreover, the lower Cope-Avoidance (Brief Cope) was statistically different among patients with dual diagnosis compared to single diagnosis ones.

Conclusions Identified differences between these two groups could suggest targets to manage during the treatments in order to optimise dual diagnosis patients' outcomes.

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EW0284

Recovery orientation as a key element in addiction treatment: Preliminary results of a patient's survey

G. Eikmeier*, R. von Heugel, A. Lacroix, I. Molkenin, T. Rosenbrock, R. Böttcher, A. Paul, J. Nachtigall
Psychiatry, Klinikum Bremerhaven, Bremerhaven, Germany

* Corresponding author.

"Recovery" in addiction treatment goes far beyond abstinence, but means a self-determined and meaningful life. Although this approach has been implemented in a number of programs, only little research has been carried out on this issue. Within the context of focusing our treatment program for addictive disorders more strongly according to recovery principles, we studied the baseline situation with the Bremerhavener Questionnaire of Treatment Satisfaction (BFPZ). Sixteen items cover different aspects of our traditional qualified inpatient detoxification program as well as recovery principles. Each item can be rated from 0 (strongly disagree) to 3 (strongly agree). Between December 1st 2015 and March 31st 2016, all in house patients with a substance abuse treated for more than 24 hours in the psychiatric department of Klinikum Bremerhaven Reinkenheide were asked to fill in the questionnaire ($n = 201$). Response rate was 35% ($n = 70$). Overall treatment satisfaction was high (mean: 2.57 ± 0.65). On the single item level, aspects of empathy and openness were rated best (mean > 2.3), while special aspects of personal recovery (choice, hope, life goals, diversity of treatment options) were rated worst (mean < 2.3). Eighty-nine percent of the patients wanted to stop their alcohol consumption completely, 2% wanted to break their consumption temporarily and 9% wanted to consume less. Thirty-four percent were interested in additional therapy offers for controlled substance use. The results will be presented in detail and discussed with regard to the implications for recovery-oriented addiction treatment.

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