

functioning and on attention, memory, executive functioning, and social cognition.

**Results** In KBG patients, mild to moderate intellectual disabilities (WAIS IV Total IQ =  $63.5 \pm 10.7$ , range: 45–84) were established with a mental age that was lower than mean chronological age ( $6.4 \pm 2.6$  years versus  $11 \pm 5.7$  years, respectively). When compared to both control groups, results indicated a relatively strong processing speed and social cognitive functioning of patients with KBG while direct recall of auditory memory was relatively poor most probably due to attentional dysfunction.

**Conclusions** The cognitive profile of this group of 17 patients with KBG is characterized by mild intellectual disability and diminished sustained attention in verbal tasks. Implications for diagnostic procedures and clinical management of the syndrome are discussed, also with regard to the question how this relates to classificatory diagnosis of ADHD.

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#### EW0158

### Deaf blindness and mental health – Prevalence of Mental disorders of an upper Austrian outpatient service

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**Introduction** People with deaf blindness are a vulnerable group concerning mental health problems. Due to their constraints in orientation, mobility, access to information and communication they often suffer from a lack of interpersonal relationships and accessibility to health care.

**Aims** To assess the prevalence of mental disorders in patients with deaf blindness and exam associations with forms of communication.

**Methods** A retrospective data evaluation of all outpatient charts of patients treated between 2000–2013 in a specialized outpatient unit that provides primary care for all deaf people for the whole catchment area of Upper Austria was conducted. Data were analysed regarding the degree of visual and hearing impairment and the presence of a mental disorder.

**Results** Forty-seven of 1500 patients were identified as deaf blind including 12 suffering from Usher Syndrome. Of those 29 (61.7%) were at least once diagnosed with a mental disorder, most frequently with a mood disorder (MD) (F30–F39) in 40.4%; an anxiety, stress-related, somatoform disorders (AD) (F40–F49) in 12.8% and a schizophrenia, schizotypal and delusional disorders (F20–F29) in 10.6%. Deaf blind patients suffered compared to deaf patients more often from a MD (40.4% vs. 11.3%) however less often from an AD (12.8% vs. 32.6%). No significant association between the form of communication and being diagnosed with a mental disorder could be found.

**Conclusion** Patients with deaf blindness suffer to a high extend from mental disorders, especially MDs. It is of utmost importance to reduce the burden of this population and improve access to specialized services to diminish isolation as major risk factor.

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

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#### EW0159

### Anxious distress is associated with increased immune dysregulation in patients with major depressive disorder

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**Introduction** Although depression with anxious distress appears to be a clinically relevant subtype of Major Depressive Disorder (MDD), whether it involves specific pathophysiology remains unclear. Inflammation has been implicated, but not comprehensively studied. We examined within a large MDD sample whether anxious distress and related anxiety features are associated with differential basal inflammation and innate cytokine production capacity.

**Methods** Data are from 1078 MDD patients from the Netherlands study of depression and anxiety. Besides the DSM-5 anxious distress specifier, we studied various dimensional anxiety scales (e.g. Inventory of Depressive Symptomatology anxiety arousal subscale [IDS-AA], Beck Anxiety Inventory [BAI], Mood and Anxiety Symptoms Questionnaire Anxious Arousal scale [MASQ-AA]). Basal inflammatory markers included C-reactive protein, interleukin (IL)-6 and tumor-necrosis factor (TNF)- $\alpha$ . Innate production capacity was assessed by 13 lipopolysaccharide (LPS)-stimulated inflammatory markers. Basal and LPS-stimulated inflammation index scores were created.

**Results** Basal inflammation was not associated with anxious distress in MDD patients (anxious distress prevalence 54.3%), except for modest positive associations for IDS-AA and BAI scores. However, anxious distress was associated with higher LPS-stimulated levels (interferon- $\gamma$ , IL-2, IL-6, monocyte chemoattractant protein (MCP)-1, macrophage inflammatory protein (MIP)-1 $\alpha$ , MIP-1 $\beta$ , matrix metalloproteinase-2, TNF- $\alpha$ , TNF- $\beta$ , LPS-stimulated index). Other anxiety indicators (number of specifier items and anxiety diagnoses, IDS-AA, BAI, MASQ-AA) were also associated with increased innate production capacity.

**Conclusions** Within a large MDD sample, the anxious distress specifier was associated with increased innate cytokine production capacity but not with basal inflammation. Results from dimensional anxiety indicators largely confirm these results. These findings provide new insight into the pathophysiology of anxious depression.

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

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#### EW0160

### Psychiatric disorders in adults with intellectual disabilities: A preliminary study of prevalence and associated factors

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**Introduction** Studies have shown that people with Intellectual Disabilities (ID) develop mental illness at rates similar to or higher than general population<sup>1</sup>.

**Objectives** There is no previous study on mental health of adults with ID in Turkey.

**Aim** The purpose of this study was to investigate the prevalence and associated factors of mental disorders in adults with ID in Turkey.

**Methods** 151 participants with ID aged 18 and over were recruited from care homes, rehabilitation centers and from people attending to psychiatry outpatients for the first time. Every participant underwent face to face assessment by a psychiatrist supported by an informant and previous notes. A structured purpose designed socio-demographic form was used. Diagnoses were drawn according to DSM-5. Point prevalence of disorders was calculated and associated factors were investigated.

**Results** 63.5% of the participants met criteria for one psychiatric disorder, 21% had more than one disorder. The most common disorders were: challenging behavior (34%), autism spectrum disorders (%13.9), and anxiety disorders (13.9%) and attention deficit hyperactivity disorder (10.6%). Living in a care home and being young were associated with mental ill health ( $P < 0.05$ ) [1].

**Conclusion** This study demonstrates high psychiatric comorbidity in adults with ID. Young age and care homes were the associated factors in this sample. These results are important to raise awareness of professionals and service providers about mental health of adults with ID.

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**Reference**

[1] Buckles J, Luckasson R, Keefe EA. Systematic review of the prevalence of psychiatric disorders in adults with intellectual disability. *J MentHealthResIntellectDisabil* 2013;6(3):181–207.

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## EW0161

### Using quality improvement methodology to achieve NICE compliant care for people with intellectual disabilities whose behavior challenges

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**Background** In May 2015, NICE published guidelines for people with intellectual disabilities whose behavior challenges (NG11). Eight quality standards were subsequently developed by NICE to help service providers, health and social care practitioners and commissioners implement the necessary recommendations within the new NG11 guidelines.

**Methods** We used a Quality Improvement (QI) methodology including process mapping, driver diagrams, and fortnightly QI team meetings. We conducted a baseline audit of the quality standards and used Plan-Do-Study-Act (PDSA) cycles to pilot interventions generated by the team to improve compliance with the standards.

**Results** Baseline compliance with the quality standards was low. We identified four priority areas for intervention: annual physical health checks, recording the indication of medication, multidisciplinary case discussion and concurrent psychosocial interventions for those prescribed medications for challenging behavior. Using a PDSA cycle for each intervention, we have demonstrated improved compliance with the NG11 guidelines. Compliance for the recording of indication of medication for all case reviews was previously

0% and now 100%. At least one target case is discussed at each MDT team meeting. Full results for annual health checks are awaited, but intervention has already shown an improvement in the uptake from 40% to 70%. Staff and carers knowledge of psychosocial interventions for people with challenging behavior showed an improvement after training.

**Conclusions** Quality Improvement methodology was successful in improving adherence to NG11 guidelines. We are currently assessing whether this is leading to reductions in challenging behavior and improvements to people’s well-being.

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

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## EW0162

### An online survey of the stigma attached to psychiatry and psychiatrists in India

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**Introduction** Stigma in psychiatry is pervasive, it does not stop at illness and marks all those who are ill, their families across generations, institutions that provide treatment, psychotropics, and mental health professionals. Stigma directed towards psychiatry as a branch & psychiatrists in particular has not been systematically studied in the Indian context.

**Objectives** To study the Indian psychiatrists perspective of stigma directed towards psychiatry & psychiatrists.

**Methods** An online survey containing “The World Psychiatric Association Stigma Questionnaire” was sent to the members of the Indian Psychiatric Society. Two hundred and three Indian psychiatrists filled out the questionnaire which assesses the stigmatization of psychiatry and psychiatrist as perceived by the psychiatrists themselves.

**Results** One hundred and thirty-two psychiatrists completed the survey with a completion rate of 65%, 75% of the respondents were male and most of their clientele was from urban catchment area. Sixty percent of the psychiatrists were either working in a psychiatry hospital or a psychiatry unit in a general hospital setting. More than a third had high-perceived stigma but had a very low stereotype agreement. Discrimination experiences were noted by more than 75% of psychiatrists, however less than 8% had a negative stigma outcome.

**Conclusions** Though most of the Indian psychiatrists perceive themselves as being stigmatized, the stereotype agreement was found to be low and the discrimination experiences did not have significant impact on job performance. Though this might reflect resilience, we must attempt to improve the image of psychiatry and strive towards achieving a larger public acceptance of mental health services in India.

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## EW0163

### Changes in utilization of psychiatric hospital facilities in Denmark by patients diagnosed with Schizophrenia from 1970 through 2012: The advent of ‘revolving door’ patients