depression was recorded. The D group started smoking earlier, but without differences of cigarettes daily.
Conclusions The group of alcoholics with depression started smoking earlier. They were characterized by higher neuroticism and lower extraversion on admission, which could predict persistent secondary depression. Screening on personality traits among alcoholics on admission could improve prevention of secondary depression after alcohol withdrawal.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.215

EW0602

Addictive status in neurotic disorders

N. Maruta*, S. Kolyadko, G. Kalenska, M. Denysenko
Institute of neurology, psychiatry and narcology, National academy of medical science of ukraine SI, borderline pathology, urgent psychiatry and narcology, Kharkiv, Ukraine
* *Corresponding author.*

Introduction At the present stage of psychiatry development, the problem of co-morbidity, which is an important factor determining the effectiveness of treatment. One of such tendencies is the combination of neurotic pathology and addictive behavior (AB).
Objectives To research AB features in neurotic disorders.
Methodology One hundred and forty-eight patients with neurotic disorders: neurasthenia (F48.0), dissociative disorder (F44.7), anxiety-phobic disorder (F40.8), according to ICD-10 criteria. Clinical-psychopathological, psychodiagnostic (AUDIT-like tests), statistical methods were used.
Results It was found out that the patients with neurotic disorders had a high risk of AB formation (59.73%). The most prominent among AB were: the use of psychoactive substances (tea/coffee [11,682], tobacco [8,091], sedatives [6,964], food addiction [14,036]), as well as socio-acceptable AB, such as Internet (13,527), watching television (9,982), computer games (2,909), shopping (7,264), workaholism (15,018). Socio-demographic characteristics of the generation of neurotic disorders with AB were determined: young age (50.46%), AB presence among the surrounding people (91.64%), a short interval of time between the psychogenic factor exposure and the first signs of neurotic disorder (50.46%). The clinical pattern of neurotic disorders with AB was characterized by a predominance of anxiety-obsessive (35.78%), as well as anxiety-phobic (45.95%) syndromes associated with AB: "Shopping" (−0.32; −0.51, respectively), "Sleeping pills, sedatives" (−0.37; −0.42), "Sex" (−0.41; −0.37) and "Tea/coffee" (−0.34; −0.39).
Conclusions The data obtained determine AB specificity and should be taken into account in pharmaco – and psychotherapy.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.216

EW0603

Addiction co-morbidity in bipolar disorder

A. Baatout[1], U. Ouali[1,*], R. Jomli[1], H. Elkefi[2], A. Oumaya[2], F. Nacef[1]
[1] *Razi hospital, psychiatry A, Mannouba, Tunisia*
[2] *Hôpital militaire, service de psychiatrie, Tunis, Tunisia*
* *Corresponding author.*

Introduction Addiction is often underdiagnosed in bipolar disorder (BD), although it is frequent and known to complicate its clinical course.
Objectives The aim of our study was to study socio-demographic and clinical factors associated with addiction in BD patients.
Methods This is a retrospective, cross-sectional, descriptive and comparative study on 100 patients followed in our department and diagnosed with BD type I according to DSM 5. Demographic and clinical data was compared across the groups: Addiction + (A +) and Addiction– (A –).
Results Nighteen patients had an addiction co-morbidity (A +), whereas 81 had not (A –). The mean age of the (A +) group was 39.47 years whereas it was 42.52 years in the (A –) group. Males represented 68.4% of the (A +) group and 48.1% of the (A –) group. Age of illness onset was lower in the (A +) group (mean = 23.16, median = 21) compared to the (A –) group (mean = 26.04, median = 27). Addiction co-morbidity was significantly associated with predominant manic polarity ($P = 0.03$). All (A +) patients presented mood episodes with psychotic features, whereas psychotic features were only found in 86.6% of (A –) patients. Co-morbid addiction was significantly associated with a higher number of mood episodes ($P = 0.04$), a higher number and duration of hospitalisations ($P = 0.02$, $P = 0.015$), and a poorer compliance ($P = 0.07$). All A+ subjects received antipsychotics, and they were significantly more to receive long-acting antipsychotics ($P = 0.06$).
Conclusions Addictions worsen the prognosis of bipolar disorder and require specific therapeutic strategies. They deserve therefore the particular attention of clinicians.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.217

EW0604

Trajectories of depression and anxiety symptoms in coronary heart disease strongly predict health care costs

J. Palacios[1,*], M. Khondoker[2], A. Mann[3], A. Tylee[3], M. Hotopf[1]
[1] *Institute of psychiatry, psychology, and neuroscience, psychological medicine, London, United Kingdom*
[2] *Institute of psychiatry, psychology, and neuroscience, biostatistics, London, United Kingdom*
[3] *Institute of psychiatry, psychology, and neuroscience, health service and population research, London, United Kingdom*
* *Corresponding author.*

Introduction There is little information describing the trajectories of depression and anxiety symptomatology in the context of coronary heart disease (CHD), and their comparison according to sociodemographic and disability measures, cardiac risk factors, and health care costs.
Methods Using a primary care cohort of 803 patients with a diagnosis of CHD, a latent class growth curve model was developed to study the distinct trajectories of depression and anxiety symptoms (using the hospital anxiety and depression scale) over a 3-year period comprised of 7 distinct follow-up points. Multinomial regression analysis was then conducted to study the association between latent classes, baseline risk factors, and total health care costs across time.
Results The 5-class model yielded the best combination of statistical best-fit analysis and clinical correlation. These classes were as follows: "stable asymptomatic" ($n = 558$), "worsening" ($n = 64$), "improving" ($n = 15$), "chronic high" ($n = 55$), and "fluctuating symptomatology" ($n = 111$). The comparison group was the "stable asymptomatic" class. The symptomatic classes were younger and had higher proportion of women, and were also associated with non-white ethnicity, being a current smoker, and having chest pain. Other measures of disease severity, such as a history of myocardial infarction and co-morbidities, were not associated with class membership. The highest mean total health care costs across the 3 years were the "chronic high" and "worsening" class, with the lowest being the "improving" and "stable low" classes. The total societal