

cases compared to control group was 2.56 (95% CI, 1.85 to 3.42,  $P$ -value < 0.001) whilst the odds-ratio of suicidal ideation amongst uncontrolled appetite/overeating cases compared to control group was 2.19 (95% CI, 1.75 to 2.74,  $P$ -value < 0.001). Results remained significant after adjusting for anxiety and depression symptoms.

**Conclusion** Focus on high risk groups such as DE seems important in taking suicide preventive measures.

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

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**0057**

### Are social networks useful to challenge stigma attached to mental disorders? Findings from the time to change social marketing campaign 2009–2014

G. Sampogna<sup>1,\*</sup>, C. Henderson<sup>2</sup>, G. Thornicroft<sup>2</sup>, S. Evans-Lacko<sup>2</sup>, I. Bakolis<sup>2</sup>, E. Robinson<sup>2</sup>, M. Luciano<sup>1</sup>, V. Del Vecchio<sup>1</sup>, A. Fiorillo<sup>1</sup>

<sup>1</sup> University of Naples SUN, Department of Psychiatry, Naples, Italy

<sup>2</sup> Institute of Psychiatry- Psychology and Neuroscience–King's College London, Health Services and Population Research Department, London, United Kingdom

\* Corresponding author.

**Introduction** The new channels of communication as social media (e.g. Facebook and Twitter) and the social marketing campaign (i.e. campaign focused on enabling, encouraging and supporting behavioural changes among target audiences) can represent useful strategies to challenge stigma attached to mental disorders.

**Objectives** To evaluate the efficacy of the social marketing campaign of the time to change (SMC-TTC) anti-stigma programme on the target population in England during 2009–2014.

**Aims** To assess the impact of the SMC-TTC anti-stigma programme in terms of:

- use of the social media channels;
- levels of awareness of the SMC-TTC;
- changes in knowledge, attitude, and behaviour related to mental disorders.

**Methods** Participants completed the mental health knowledge schedule (MAKS), the community attitudes toward mental illness (CAMI) and the reported and intended behaviour scale (RIBS), together with an ad-hoc schedule on socio-demographic characteristics.

**Results** In total, 10526 people were interviewed, it was found a growing usage of the SMC-TTC media channels and of the level of awareness of the campaign ( $P$  < 0.001). Being aware of the SMC-TTC was found to be associated with higher score at MAKS (OR = .95, CI = .68 to 1.21;  $P$  < .001), at “tolerance and support” CAMI subscale (OR = .12, CI = .09 to .16;  $P$  < .001) and RIBS (OR = .71, CI = .51 to .92;  $P$  < .001), controlling for confounders.

**Discussion** In the general population, SMC-TTC has been found to be effective in improving attitudes and behaviours towards people with mental disorders.

**Conclusions** Considering these promising results obtained in England, social media can represent the possible way forward for challenging stigma. The future on-going evaluation of the SMC-TTC may further shed light on the essential role of social media in reducing of stigma and discrimination.

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

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**0058**

### A cross-correlation analysis of the cyclicity of Italian suicide rates and online suicide-related search volumes

P. Solano<sup>1,\*</sup>, M. Ustulin<sup>2,3</sup>, M. Vichi<sup>4</sup>, R. Vecchio<sup>1</sup>, A. Poggio<sup>1</sup>, M. Pompili<sup>5</sup>, G. Serafini<sup>1</sup>, M. Amore<sup>1</sup>

<sup>1</sup> Clinica Psichiatrica, Psychiatry Department

Neurosciences–Rehabilitation–Ophthalmology–Genetics–Maternal and Child Health, Genoa, Italy

<sup>2</sup> Kyung Hee University, Department of Medicine, Seoul, Korea

<sup>3</sup> Italy

<sup>4</sup> Istituto Superiore di Sanità, Centre for Epidemiology–Surveillance and Health Promotion CNESPS, Rome, Italy

<sup>5</sup> La Sapienza, Department of Neuroscience–Mental Health and Sensory Function, Rome, Italy

\* Corresponding author.

**Introduction** People seeking information and news regarding suicide are likely to use the Internet. There is contrasting evidence about the relationship between the cyclicity of suicide-related search volumes and national suicide-rates in different countries.

**Objectives** The objectives were to investigate first the cyclicity of Italian suicides and online suicide-related searches carried out by the Italian population in the same time frame (2008–2012) and analyze the correlation between the two cyclicities.

**Aims** The study aimed to gain further insights on suicide-related internet use and its relationships to completed suicides.

**Methods** Italian mortality database provided monthly national data concerning suicides (2008–2012). Google trends provided data of online monthly search-volumes of the term “suicide”; “commit suicide”; “how to commit suicide” in Google search (2008–2014).

**Results** Seasonal AR model suits the trend of Italian suicides with a periodic 1-year cycle. No specific cyclicity for Google search volumes for “how to commit suicide” and “to commit suicide” was found (ARIMA [0,1,1] and ARIMA [1,0,1] respectively). Google search time series for “suicide” performed with ARIMA (1,1,1) and the cross correlation analysis showed that it lags national suicides of three months ( $\rho$  = 0.482,  $P$ -value < 0.001).

**Conclusions** Online searches for suicide-related terms in Italy are more linked to factors other than suicidality such as personal interest and bereavement. To our knowledge, no previous study reported a lag of three months between online searches for “suicide” and national suicides. This may shed further light on the grieving process being of help in organizing effective supportive strategies for the survivors.

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

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**0059**

### The impact of mental factor as an indicator of the population state of health

A. Vasileva<sup>1,\*</sup>, N. Neznanov (Director)<sup>2</sup>

<sup>1</sup> Bekhterev Psychoneurological Institute–Medical Faculty of Saint Petersburg University, neurosis and psychotherapy, Saint-Petersburg, Russia

<sup>2</sup> Bekhterev Psychoneurological Institute–Medical Faculty of Saint Petersburg University, Saint-Petersburg, Russia

\* Corresponding author.

In the framework of biopsychosocial model of health and pathology that is nowadays widely recognized in the different fields of modern medicine the mind, building the core of personality and the brain as the central regulatory organ play an essential role in the interdisciplinary approach to somatic illnesses. It is a common knowledge that comorbid anxiety and depression disorders can influence the course of various somatic illnesses and worsen their prognosis. We

also have evidence-based studies that depression for example is an independent risk factor of heart infarct onset. On the other hand, we observe the somatization of clinical picture of mental disorders, the increase of atypical forms manifesting through pain or other somatic syndromes that leads to the increase of mental illnesses in the primary care. The research of common pathways of mental and somatic pathology should be the subject of further interdisciplinary research programs. The other issue is the patient's compliance that plays an important role in the success of every kind of treatment. Personality traits and status of mental health can influence one's attitude to illness as well as motivation to therapy. We cannot assess the population state of health without taking into consideration the evaluation of mental status as well as such definitions like subjective well being, life quality and stigmatization.

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

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## **Oral communications: Epidemiology and social psychiatry; migration and mental health of immigrants; forensic psychiatry; suicidology and suicide prevention; prevention of mental disorders and promotion of mental health**

**0060**

### **Personality disorders and perinatal psychiatry: Food for thoughts from perinatal psychiatric department experience**

E. Di Giacomo<sup>1,\*</sup>, F. Colmegna<sup>2</sup>, M. Clerici<sup>3</sup>

<sup>1</sup> PhD program in Neuroscience–Doctorate School of the University of Milano–Bicocca, Psychiatric Department–S. Gerardo Health Care Trust–Italy, Milan, Italy

<sup>2</sup> S. Gerardo Health Care Trust, Psychiatric Department, Monza, Italy

<sup>3</sup> University of Milano Bicocca, School of Medicine and Surgery, Milan, Italy

\* Corresponding author.

**Background** Pregnancy and postpartum are sensitive unique moments in women's life. Perinatal psychiatry is focused on depression and psychosis, but personality issues is often neglected as well as risk factors for personality disorders instead of being considered causative of onset or recrudescence of psychiatric symptoms in perinatal.

**Methods** In total, 129 women were referred to perinatal psychiatric department during their pregnancy or postpartum in the last three years. They were administered SCID II, Childhood Trauma Questionnaire (CTQ), Beck Depression and Anxiety Inventories (BDI and BAI), Edinburgh Postnatal Depression Scale (EPDS) and World Health Organization Quality of Life (WHOQOL). Their interaction with babies was monitored at birth and during follow up. Children's behavioral development is under evaluation through structured tests.

**Results** BDI and BAI scored moderate or severe in 31 and 27% of women, EPDS was significant in 36%, while SCID II highlighted 24% of borderline, 17% narcissistic, 4% schizoid, 4% paranoid and 9% obsessive/compulsive PD. Nineteen of them suffered physical abuse during childhood, 26 sexual abuse, 89 emotional neglect and only 15 out of 129 were negative to any kind of abuse during childhood.

**Conclusion** Personality disorders appears to influence maternal adjustment to pregnancy and motherhood. Abuses suffered during childhood confirm their role as potential risk factor in personality issues which clearly express their effect in adaptation to change in personal role and in emphatic interactions.

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

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**0061**

### **What do patients want? Correlates of patient satisfaction and treatment engagement**

R. Gearing\*, A. Webb

University of Houston, GCSW, Houston, USA

\* Corresponding author.

**Introduction** Motivation and ability to engage with treatment may deteriorate or falter if a patient is not satisfied with their protocols or provider. Improving patient satisfaction may more effectively strengthen treatment engagement.

**Objectives** 1) Determining what patients want from their provider relationship; and 2) identifying means for a provider to effectively assess and evaluate patient satisfaction in relation to treatment engagement.

**Methods** A systematic review of published meta-analyses, systematic reviews, and literature reviews between 1996 and 2016 was conducted across three databases (Medline, PsycINFO, CINAHL). Using variations of the search terms patient; satisfaction; medication, medical and psychiatric treatment; and engagement/adherence, a total of 1667 articles were identified. After removing duplications, 1582 articles were independently screened for eligibility (e.g. conceptual focus, methodological limitations) by two research assistants, resulting in the final inclusion of 50 meta-analysis, systematic review, or literature review articles that focused on predictors or barriers to patient satisfaction and/or predictors or barriers affecting engagement/adherence.

**Results** Barriers and predictors of patient satisfaction centered on two fundamental domains:

– relationship with Provider (sub-factors: multicultural competence, shared decision making, communication skills, continuity of care, empathy) and;

– outcomes (sub-factors: therapeutic outcome, patient expectations).

Eight treatment engagement/adherence barrier and predictor domains were identified, specifically treatment regimens; illness beliefs, emotional/cognitive factors; financial and logistic; social support; symptom/illness characteristics; demographics and patient-provider relationship.

**Conclusions** Key findings highlight actions psychiatrists and other clinical providers may consider in addressing barriers and highlighting promoters to improve patient satisfaction and overall engagement and adherence.

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

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**0062**

### **The efficacy of lurasidone on PANSS subscales in adolescent patients with schizophrenia: Results from a 6-week, double-blind, placebo-controlled, multicenter study**

C. Correll<sup>1,2</sup>, R. Goldman<sup>3,\*</sup>, J. Cucchiari<sup>4</sup>, L. Deng<sup>5</sup>, A. Loebel<sup>6</sup>

<sup>1</sup> Hofstra Northwell School of Medicine, Psychiatry and Molecular Medicine, Hempstead, NY, USA

<sup>2</sup> The Zucker Hillside Hospital, Department of Psychiatry, Glen Oaks, NY, USA

<sup>3</sup> Sunovion Pharmaceuticals Inc., Medical Affairs, Fort Lee, NJ, USA

<sup>4</sup> Sunovion Pharmaceuticals Inc., Clinical Operations, Fort Lee, NJ, USA

<sup>5</sup> Sunovion Pharmaceuticals Inc., Biostatistics, Fort Lee, NJ, USA