

plus attention is to the details, inadequacy of self-appraisal, feeling of inferiority, an increase necessity is for control and lordship over other, aggression (socially inadequate behavior, episodes of anger). **Conclusions** Psychopathological features presented in patients with comorbidity of PTSD and TBI are not specific and can be within the framework of other psychogenic, exogenous, organic, posttraumatic or neurological disorders and diseases. PTSD can combine with other psychical and somatic disorders that caused chronological and pathogenetical comorbidity in patients with both states.

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EV0221

Influence of depression on the quality of life after stroke

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Aim Approximately 30–60% of the stroke survivors suffers from depression. This, together with the physical changes after stroke may lead to a decline in their quality of life (QOL). The aim of this paper was to analyse the incidence of post-stroke depression, associated risk factors and its influence on the QOL.

Material and methods We carried out a prospective study on stroke patients during a period of 6 months. We excluded patients with dysphasia and aphasia. For each patient, we collected socio-demographic characteristics as well as clinical and therapeutic data. We used the Hamilton Depression Scale to screen for anxiety and depression, the SF-36 scale to assess the quality of life and modified Rankin scale (mRS) to measure the degree of disability.

Results We included 155 men and 143 women with stroke, with mean age of 58.15 years. Out of 298 analysed patients, depression was present in 147 (49.3%). Associated risk factors were hypertension, female gender and severity of stroke ($P < 0.05$). The mean score of the SF-36 was 52.18. Impaired QOL was found in 221 (74.1%) and mRS > 3 was found in 169 (57.1%) of the patients. Impaired mental component of QOL significantly correlated with the presence of depression ($P < 0.05$) and anxiety ($P < 0.05$). The severe degree of disability had a significant negative impact on all areas of QOL.

Conclusion Important effect after stroke is occurrence of depression which affects the QOL and functional outcome. All stroke patients should be evaluated for depression through regular interviews with them and their families or caregivers. Adequate antidepressant treatment should be given, in order to improve the QOL and physical rehabilitation.

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EV0222

A feasibility randomised controlled trial of extended brief intervention for alcohol misuse in adults with mild to moderate intellectual disabilities living in the community

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Introduction Extended brief interventions (EBIs) are effective in targeting alcohol misuse in the general population. However, little is known on the effects of EBI in adults with intellectual (also known as learning disabilities).

Objectives In this feasibility trial we compared EBI with usual care for alcohol misuse in adults with mild to moderate intellectual disability (ID).

Methods The study took place in three community ID services in England. Participants aged 18–65 years with reported alcohol problems, a score > 8 on the alcohol use disorder identification test (AUDIT), and IQ < 70 (+/5% CI) were recruited and were randomly allocated to either EBI (5 weekly sessions and 1 follow-up at 8 weeks) and usual care or usual care alone. Research assessments took place at baseline, two and three months.

Results Thirty individuals were randomised (15 in each arm). In regard to harmful drinking, at baseline, all the participants exceeded the relevant threshold. At 8 weeks, the proportion of participants with harmful drinking decreased to 60% for both groups, at 12 weeks it was decreased by 66.7% and 46.7% for the intervention and the control group respectively. The unit cost for the delivery of EBI is £ 430.

Conclusions Recruitment to this trial has been proven challenging as prevalence of alcohol misuse in the targeted population was lower than anticipated. EBI may provide an effective low intensity treatment for this population. Participants' and carers' feedback on their experience was overall positive.

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

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EV0223

Prevalence of ADHD and co-morbid conditions among university students

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Background Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by persistent difficulties with attention, increased impulsivity and hyperactivity. Comorbidity is often reported in adults with ADHD with a range of 60–100% of patients having at least one co-morbid condition.

Objective The purpose of this study is to determine the prevalence of ADHD among university students and to investigate some co-occurring symptoms and disorders.

Aims We aimed to raise awareness of adult ADHD and underscore its co-morbidity.

Method 486 undergraduate students at Bezmialem Vakif university in Istanbul filled in the Adult ADHD Self-Report Scale (ASRS), Beck Anxiety Scale (Beck-A), Beck Depression Scale (Beck-D) and a purpose-designed structured socio-demographic form.

Results Our results revealed that 6% of participants reported significant ADHD symptoms using 1.5 standard deviation above mean on the ASRS. 67% of students with significant ADHD symptoms had a psychiatric history other than ADHD. History of depression, anxiety and sleep problems were significantly higher in this group ($P < 0.05$). They scored higher on Beck-A and Beck-D ($P < 0.05$). Students with significant ADHD symptoms reported more night eating, binge eating behaviours and more headache ($P < 0.05$). There was no statistically significant difference in the history of epilepsy, asthma, allergy and diabetes. Family history of psychiatric disorder partic-

ularly ADHD, depression and eating disorder were higher in the ADHD group ($P < 0.05$).

Conclusion Our results demonstrate that ADHD is prevalent among university students with high co-morbidity. Hence people with ADHD need comprehensive and lifelong assessment and management of their symptoms and needs.

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

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EV0224

Patients with mood disorders and chronic coronary artery disease receiving conservative therapy have a higher risk of death during affective episode

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The contribution of comorbid with coronary artery disease (CAD) mood disorders (MD) into total mortality is contradictory.

Objective To study frequency and time until death due to general causes in groups of patients with comorbid MD, and without them as well as interrelationship of these indicators with comorbid MD and therapy with antidepressants.

Methods Inpatients with chronic CAD ($n=333$) under conservative therapy were investigated (31% females ($n=103$), 69% males ($n=230$), mean age 61.8 ± 9.8 years). Team of cardiologists and psychiatrists followed up patients for 7 years (2008–2014). Survival frequency was evaluated by method of life tables.

Results Among patients under conservative therapy of CAD the death frequency due to general causes did not differ significantly in presence ($n=80$) and absence of MD ($n=253$) and was 18.8% and 16.6%, respectively. Correlation of deaths with hypomanic and mixed episodes was revealed ($r_s=0.3$). The groups differed according to function of immediate risks: patients with MD were at high risk of death during the year after detection of affective symptoms, and in group without MD it increased over the time of observation ($P=0.0000$).

Duration of antidepressant therapy was 5.5 ± 0.5 months. Among patients receiving antidepressants ($n=20$), during therapy and after one month after discontinuation there were not deaths. Difference of function of immediate risks in these subgroups was not significant ($P=0.09$).

Conclusions Patients with affective disorders and chronic CAD under conservative therapy are at high risk of death within affective episode and therapy with antidepressants did not influence change of risk of death.

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

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EV0225

Tobacco treatment of indigent patients alcoholics rehabilitation in the Association Rauxa

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Introduction Smoking is the leading preventable cause of morbidity and mortality in the world and the leading cause of death in alcoholics. The prevalence of smoking among alcohol addicts is very high as among homeless people. Both groups have a higher risk of smoking-related illnesses. It seems that quitting smoking increases the rate of alcohol abstinence. It is therefore crucial to perform treatment of tobacco dependence among this population.

Material and method Population: homeless alcoholic patients in treatment at the Association Rauxa with dependence criteria DSM-IV-TR and DSM-V, male, over 18 years. Anamnesis, examination, analysis, chest X-ray, addictive history is practiced. Patients are encouraged to start smoking treatment. Once the decision is made. Tests: motivation, Fagerstrom, fasting weight; weekly and random monitoring of CO in exhaled air. Treatment with decreasing nicotine patches. Weekly smoking therapies. Withdrawal symptoms and relapse, timely or complete, if it occurs, are evaluated. Treatment ends in one year without relapse.

Results $n=237$ (2006: $n=19$; 2007: $n=26$; 2008: $n=24$; 2009: $n=33$; 2010: $n=31$; 2011: $n=25$; 2012: $n=33$; 2013: $n=25$ y 2014: $n=21$)

Get high on2006:10/19 (53%); 2007:14/26(54%); 2008:13/24 (54%); 2009:9/33 (27%); 2010:6/31 (19%); 2011:2/25 (8%); 2012:8/33(24%); 2013:9/25 (36%); 2014:11/21 (52%). In 9 years, 82/237 (35%) finishes treatment without relapse.

Discussion A percentage of 35% is obtained discharge. Different parameters-relapse are correlated to see predictors of relapse.

No correlation is found statistically significant.

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EV0226

Interdisciplinary approach in patients with severe mental disorders

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Through the analysis of a case report to analyse the importance of the interdisciplinary approach in people suffering from severe mental disorders for management of an outpatient.

The diagnosis was clear, I wanted to rule out organic pathology was added due to the irregularity in the outpatient monitoring and control (F20. Paranoid schizophrenia)

Community intervention with people suffering from severe mental disorders has some peculiarities. The “in vivo” treatment requires the establishment of the frame, in a space that is constantly changing. It consists of the setting-up of a new working area. Social and community intervention is inter-institutional; include movement between different institutions (health, socio-economic and community). In this new changeable and dynamic, “working area”, the professional is of professional is essential using clinical strategies and social and community coordinating. It is important to highlight the role of community treatment for severe mental disorder. Thus developing social skills is as necessary and also combats social stigma and prejudice to achieve a social integration in community.

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