accordance with the study's aim, visual and motor functions had different impact on symptom dimensions.

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

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EW0274

Spanish adaptation of the recovery enhancing environments (REE) measure: Preliminary results

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Introduction During the last decades, the recovery from severe mental illness has shifted from a focus on reducing symptoms to a more holistic approach of emphasizing consumer-centered goals and subjective wellness (Anthony, 1993). The implementation of this controversial new model it has not had an easy path. In that sense, Ridgway (2004, 2011) developed the Recovery Enhancing Environments (REE), an instrument to gather information on personal mental health recovery and the elements that people feel are important to their recovery; staff activities and an organizational climate that encourages resilience.

Objective To present the preliminary results of the Spanish adaptation.

Method English to Spanish translation of REE was carried out. The REE interview and Euro-Qol5d, HoNOS, EEAG and CGI scales were completed by 312 patients in Mental Health Services organization of Bizkaia (Spain), 189 men and 123 women (age = 48.89). The interviewers of the REE were service users trained and hired for this task.

Results The alpha de Cronbach was .98, and for its dimensions: program performance indicators (.97), organizational climate (.92) and recovery markers (.93). The concurrent validity with others scales have resulted in correlations coefficients superiors to $r = .35$ ($P < .001$).

Discussion As the different indicators are adequate and the instrument has a similar structure to other theoretical studies, it can be conclude that Spanish REE is an appropriate measure to fill the gap between the knowledge in the recovery model and what services can do to supports this model. All of this information gathered from people who receive mental health services.

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EW0275

How is evaluated mental health recovery?

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Introduction There is an increasingly recognition of the concept of recovery in the treatment of mental illness. Recovery defined as living a fulfilling, rewarding life, even in the ongoing presence of a mental illness. Consequently, a number of instruments have been designed to assess recovery-oriented outcomes.

Objective The objective of the study was to conduct a systematic revision of the instruments used to assess recovery with appropriate psychometric properties.

Method A systematic review of the literature has been realized. The adequacy of the instruments utilization, the content validity and psychometrics properties were gathered and analyzed.

Results/discussion After a systematic review, it has been obtained 25 different instruments for measuring personal recovery and 17 for assessing the orientation of recovery in mental health services. As a consequence of the lack of consensus that exists in the conceptualization of recovery; several instruments have been developed and used to assess the different recovery domains. But it is essential to select scales that match with the recovery model and assess adequately the individual's recovery, and also, the recovery orientation of services. Moreover, those instruments should have appropriate psychometric properties and should be suitable to be introduced in routinely clinical settings.

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e-Poster walk: Substance related and addictive disorders–part 1

EW0276

Clinical variants of psychopathological disorders in users of synthetic cannabinoids (spices)

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Introduction The problem of mental health of synthetic ("designer") drug or "spice" users draws the increasing attention of experts of various areas in psychiatry, addiction psychiatry and psychotherapy.

Research objective To classify and describe the psychotic states arising after the use of "spice"; to define the personality changes and probable consequences of the use observed in patients in the conditions of a hospital.

Material and methods One hundred and one patients (93 men and 8 women; mean age 27.8 ± 7.6 years) with dependence on "spice" revealed between 2014 and 2015 were examined. History taking, clinical-psychopathological investigation and experimental psychological testing were used.

Results and discussion As a result of research the patients were divided into 5 groups according to criteria of ICD-10:

– group 1: acute intoxication with delirium ($n = 16$; 15.84%);
– group 2: residual and late-onset psychotic disorders like flashbacks ($n = 9$; 8.92%);
– group 3: withdrawal state with delirium ($n = 32$; 31.68%);
– group 4: psychotic disorder, mainly hallucinatory ($n = 30$; 29.70%);
– group 5: paranoid schizophrenia ($n = 14$; 13.86%).

The use of synthetic cannabinoids ("spice") can initiate transient psychotic episodes, serve as the contributing factor of development of paranoid schizophrenia, continuous type of the course, leads to "accentuation" of schizoid, paranoid and psychopathic traits of the personality. It is proposed to make up a question of the possibility

of additional use of the clarifying designation "synthetic cannabinoids/spice" at reference of patients using synthetic cannabinoids to the section of ICD-10 F12 "Mental and behavioural disorders due to use of cannabinoids" the agenda of clinicians.

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EW0277

Adverse childhood experiences, personality disorders and addiction: Which relationship?

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Introduction Stressful or traumatic events occurred during childhood do have a role in the genesis of personality disorders. Less is known about this remarkable association in people with addictive behaviors.

Aims This study aims to disentangle the relationship between childhood adverse experiences, personality disorders (PDs) and substance use disorders (SUDs).

Methods A cross-sectional naturalistic study of 320 consecutive SUDs outpatients attending an Italian addiction service. Participants were clinically evaluated by a semi-structured interview, the SCID-II (Structured Clinical Interview for DSM-IV Axis II PD), and the CECA-Q (Childhood Experience of Care and Abuse-questionnaire). Multivariate logistic regression analyses were used to estimate odds ratio (OR) and 95% confidence intervals (95% CI)

Results The prevalence rate of PDs in our sample of patients is 62.2%. PDs were associated with a history of physical punishment in childhood (OR = 1.82; CI 95%: 1.05–3.16; $P = 0.034$). Being exposed to three adverse events increases the risk of Cluster B PD (OR = 5.92; CI 95%: 2.21–15.92; $P < 0.001$). Heroin addiction increases the risk of Cluster B PD, both as previous (OR = 2.93; CI 95%: 1.49–5.75; $P = 0.003$) or current (OR = 4.34; IC 95%: 1.97–11.8; $P = 0.004$) consumption. Childhood institutionalization increases the probability of cluster B PD (OR: 2.15; CI 95%: 1.02–4.54; $P = 0.041$). Whereas being employed reduces the probability of both PDs and SUDs (OR = 0.54; CI 95%: 0.31–0.93; $P = 0.027$).

Conclusions PDs occurred in 62% of patients and were related to adverse childhood experiences and SUDs having detrimental effects on both social and occupational functioning. Being employed could be a protective factor on the development of PDs.

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

EW0278

The prevalence and correlates of depression awareness in patients with alcohol use disorder

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Introduction Alcoholic use disorder is a big problem in every country. It is the leading factor causing high disability-adjusted life year (DALYs). The National Institute of Mental Health Epidemiology Cathchment Area found that 37% of people with alcoholic use disorder had comorbid along with psychiatric disorder especially depression. In order to successfully treat patients with alcoholic use disorder, we have to treat their comorbidity along as well.

Aim To examine the prevalence and correlation of depression awareness in patients with alcoholic use disorder.

Methods Inpatients and outpatients who were diagnosed with alcoholic use disorder and alcohol dependence were invited to participate in this research. Subjects who had any history of depressive disorder treatment before were excluded. The awareness of depression was determined by the Illness Perception Questionnaire-Revised, IPQ-R. Depressive disorder was determined by the Thai version of the nine-item Patient Health Questionnaire (PHQ-9).

Results Ninety subjects with alcoholic use disorder agreed to join this research. Twenty-nine of the 90 (32.2%) had depression due to the PHQ-9 scale. Twenty-three were aware that they had depression and that was related to alcohol use. Using the logistic regression analysis, there were no significant factors related to this awareness.

Conclusion There is high prevalence of depression in patients with alcoholic use disorder and most of them have awareness did not receive treatment for depression.

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

EW0279

Metacognitive awareness in cocaine addiction (MACA): Rationale and feasibility of an integrated intervention program

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Introduction Systematic reviews and meta-analyses report low-quality evidence to suggest a significant differential effectiveness between standard psychosocial interventions in reducing substance consumption. They highlight the presence of several types of treatments that usually integrate different approaches in a multimodal manner. CBT-based interventions seem to be the most effective ones in terms of dropouts and relapse prevention, particularly in cocaine addiction.

Objectives We discuss recent advances in experimental and clinical studies on cocaine addiction. We especially try to integrate emerging cognitive neuroscience evidences and results of the meta-analyses of the effectiveness of psychosocial interventions.

Aims The primary aim of this study is to explore the feasibility of a new multimodal intervention for cocaine addiction, namely MACA (Metacognitve Awareness in Cocaine Addiction). Secondary aims are to discuss: (i) rationale of integrating different approaches; (ii) preliminary results of a previous pilot-study; (iii) feasibility of present study using the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework.

Methods We describe and evaluate our model that comprises:
– an individual short intervention based on dilemma-focused therapy;
– a psycho-educational group based on standard CBT treatments;
– a relapse-prevention group based on mindfulness protocols for addiction;
– a follow-up online self-administered course and automatic personalized feedback.

Results Existing literature seems to support the need for new integrated programs. RE-AIM feasibility analysis shows promising results in integrating the proposed approaches in terms of symptoms reduction, relapse prevention and cost-benefit ratio.