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 ($rs = 0.3$). 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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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.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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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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