Conclusions Our study suggests the importance of stigmatization already among university students according to their academic orientation. Understanding the process of stigmatization is important for future efforts to find possible solutions and de-stigmatization of mental illness in society.

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

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EW640

Capturing depression with your smartphone: Validity and utilization of iHOPE for depressed patients in Taiwan

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Introduction Clinical assessment for depression, to date, has relied heavily on patients' retrospective report, which is liable to recall bias.

Objectives A number of mobile applications for ecological momentary assessment (EMA) of depressive disorder have been piloted, however, evidence regarding their validity and acceptance is limited.

Aims In this study, we examined the association between Hamilton Rating Scale for Depression (HAM-D) and EMA of depressive symptoms via a smartphone application and demonstrated the level and determinants of utilization.

Methods Our mobile phone application, iHOPE, would perform EMA of depression, anxiety, sleep and cognitive ability. Outpatients with depressive disorder were invited to use iHOPE for 8 weeks. Smartphone usage patterns and clinical characteristics were assessed.

Results We enrolled 59 outpatients with depression (38 [64.4%] women; mean [SD] age = 37.3 [13.9] years). In 8 weeks, participants interacted with iHOPE for an average of 10.8 (SD = 12.3) days; a trend of decreased frequency of use ($P = 0.03$) was observed. Scores of HAM-D at baseline was associated with, of the first 14 days, scores of PHQ-9 ($P = 0.005$), visual analogue scale of depression ($P = 0.003$) and anxiety.

Conclusions EMA via mobile technology appears to be valid and feasible for Asian patients with depression. Mobile health has a potential for the assessment of depressive disorder in areas with limited awareness and resource for mental health conditions.

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The effect of the financial crisis in Greece on the health habits of young adults

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Background Periods of financial crisis have been strongly associated with changes in the health habits of affected individuals. Previous research suggests that these periods usually affect drink-ing, smoking, physical activity and eating habits, thus affecting our psychophysical health as well.

Aim To investigate the effect of the financial crisis in Greece on the health habits of young adults.

Method Two hundred and seven Greek young adults participated in the study, 75 (36.2%) males and 132 (63.8%) females, with a mean age of 29. Analysis of data was conducted with Anova, Ancova, regression and correlation analyses, using the SPSS software.

Results The findings showed a significant effect of the financial crisis on drinking patterns ($F(1.173) = 4.488$, $P = 0.036$). Individuals whose income was reduced consumed less alcohol (M = 11.646, SD = 1.434) compared to individuals who had not experienced such a reduction (M = 17.957, SD = 2.611). There was a significant effect of annual income on BMI ($F(4.10) = 3.74$, $P = 00.01$, $\eta_p^2 = 0.96$), after controlling for the effect of exercise intensity ($F(1.10) = 4.58$, $P = 0.034$, $\eta_p^2 = 0.31$). However, the financial crisis did not significantly affect exercise, smoking behaviour or eating habits ($P > 0.05$). Significant correlations between tobacco use and drinking were found ($r(206) = 0.22$, $P < 0.001$). A significant correlation was also found between exercise and the consumption of fruits and vegetables ($r(174) = 0.26$, $P < 0.001$).

Conclusion The financial crisis reduced alcohol consumption whilst it did not affect physical activity, smoking or eating habits. These findings allow us to propose that, despite the bleak reality of a period of financial crisis, such periods could actually lead to the reduction of unhealthy behaviours.

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Comparison of metabolic syndrome between patients with severe mental disorders

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Introduction Metabolic alterations are one of the main causes of mortality and morbidity associated with cardiovascular disease in patients with severe mental disorders. Polypharmacy has been shown to increase the risk.

Objectives To check the patients with schizophrenia and bipolar disorder admitted to our unit and their metabolic parameters.

Aims To assess the prevalence of thyroid dysfunction, diabetes and dyslipidemia in patients diagnosed with these disorders admitted to our unit between 2013 and 2014, and compare the results.

Methods We conducted an epidemiological, observational, retrospective study of patients with these disorders admitted to our unit in this period. Clinical and socio-demographic variables were collected and analyzed by The Statistical Package for Social Science version 19.0.

Results No association was detected between treatment with antipsychotics (typical/atypical) and metabolic variables. This may be due to the fact that mostly of patients received a combination treatment of both (Table 1).

Conclusions Dyslipidemia and diabetes seem to be more prevalent in patients with schizophrenia in our sample, but thyroid dysfunction is more prevalent in patients with bipolar disorder. However, the two samples are very different so more studies are needed.

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