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Prevalence of problematic alcohol consumption in patients with anxiety of depressive disorders

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Introduction Depression and alcohol problems are common in psychiatric outpatients, but there are few studies including patients with anxiety disorders.

Aims To study the prevalence of problematic alcohol consumption in a sample of patients diagnosed of anxiety or depressive disorder and treated in a mental health clinic and to analyze clinical and sociodemographic variables associated to alcohol consumption.

Methods The sample studied included 194 outpatients (31.9% men and 68.1% women) treated in an outpatient clinic and diagnosed of any anxiety or depressive disorder included in DSM-IVTR as main diagnose. Instruments used were Beck Depression Inventory (BDI), and the Alcohol Use Identification Test (AUDIT). Other variables studied included age, civil status, level of studies, and specific psychiatric diagnoses.

Results A total of 64.9% were diagnosed of anxiety disorder and 35.1% were diagnosed of depressive disorder. The prevalence of problematic alcohol consumption was 7.8%, being more frequent in men, especially in men and in middle ages. Problematic alcohol consumption was found with more frequency in patients with generalized anxiety disorder and major depression, in this order. Patients with other comorbidity disorders in Axis II presented the highest prevalences of problematic alcohol consumption.

Conclusions Problematic alcohol consumption presents high prevalence in patients with anxiety or depressive disorders and dual diagnose usually is associated with poor prognosis. It is necessary to make efforts to detect alcohol problematic consumption in psychiatric patients and develop specific treatment programs directed to this group of patients in both primary and specialized care units.

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Study of sleep disturbances in patients with alcohol abuse or dependence

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Introduction Previous studies inform that psychiatric patients often report problems with their sleep and alcohol increase sleep disturbances.

Aims To analyze the prevalence of sleep disturbances in patients diagnosed of Alcohol Abuse or Dependence and to study clinical and sociodemographic variables associated with sleep disorders.

Methods The sample is composed of a randomized sample of patients diagnosed of Alcohol Abuse or Dependence following DSM-IV-TR criteria and treated in a Mental Health Clinic in a period of 3 years. Medical records were reviewed. Quality and patterns of sleep were evaluated using the Pittsburg Sleep Quality Index (PSQI) with a cut-off point 5–6.

Results A total of 102 patients were included in the study, 69% were male and 31% were female. Mean age 39.4 years (SD 9.26). Sleep disorders were found in 91.6% of patients. The most altered subscales in the overall sample were the Use of Sleeping Medication and Sleep Disturbances. Women presented worse sleep quality compared to men ($P < 0.01$) with higher number of altered sub-

scales. The most altered subscales in women were Subjective Sleep Quality ($P < 0.005$) and Sleep Disturbances ($P < 0.02$).

Comorbidity with other psychiatric disorders and other clinical and sociodemographic variables are analyzed.

Conclusions Sleep disorders have high prevalence in patients with alcohol abuse of dependence, especially in women and patients with other psychiatric comorbidity. Poor quality sleep may have a powerful impact on the global functioning and prognosis of these groups of psychiatric patients.

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EV372

Dual pathology in users of early intervention program in psychosis

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Introduction The existence of independent services and facilities for mental health and for addictions in Andalusia stand in the way of addressing dual pathology. The strong comorbidity between substance use and early psychosis has been deeply studied in recent literature. The aim of this paper is to analyse a group of consumers in the First Episode Psychosis Program (FEP) to address the lack of the actual interventions performed.

Methods Descriptive statistical analysis of demographic and clinical variables of a group with drug consumption ($n = 17$) is compared to a non-consumer group ($n = 7$).

Results Our sample of patients included, consumers who represent 71% of the sample. All consumers were users of cannabis or derivatives and 35% of consumers were diagnosed at some point of Toxic psychosis. Only 23% received care in drug addiction centers. They have less education. The duration of untreated psychosis (DUP) is greater than in non-users and only 35% of the cases were detected in Primary Care. PANSS with higher scores. Greater differences in general psychopathology. The Social Functioning Scale (SFS) were worse in the Isolation scale. The Family Questionnaire (FQ) showed more difficulties in the family setting. Finally the Global Assessment of Functioning (GAF) gives an average of 8 points lower (severe symptoms).

Discussion We would like to point out the low percentage of users who receive specialized care for their addiction. Better collaboration with Primary Care is required to improve the capacity of detection to reduce the time slot of untreated symptoms.

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EV373

Psychiatric manifestations in porphyria: A case report of psychosis

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Introduction Porphyrias are rare inherited disorders due to specific enzyme abnormalities of heme biosynthesis. Among the hepatic forms, three of them are clinically characterized by acute abdominal pain and neuropathy, sometimes associated with psychiatric disorders like mood changes, organic brain syndrome and psychosis.

Case report Here, we present a 38-year-old male patient with intermittent porphyria and chronic psychosis who was hospitalized. He had been treated by benzodiazepines and neuroleptic medication for several years. Exposure to certain drugs, dieting, starvation and infection may precipitate AIP attacks.

Discussion Underlying organic causes of psychiatric disorders such as psychosis should be considered among patients with atypical symptoms and/or resistance to standard therapy.

Conclusion It is important to increase awareness amongst psychiatric and neurological professionals with regard to certain inborn errors of metabolism. Early detection of porphyria may diminish morbidity and mortality rates, and perhaps heal some chronic atypical psychiatric illnesses.

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EV374

Cannabis psychosis, gender matters

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Introduction Despite recent findings pointing toward cannabis psychosis as one area where gender differences may exist, there has been a widespread lack of attention paid to gender as a determinant of health in both psychiatric services and within the field of addiction.

Objectives To explore gender differences in treatment presentations for people with cannabis psychosis.

Aims To use national data sets to investigate gender differences. **Methods** Analysis of British Crime Survey data and a Hospital Episode Statistics data set were used in combination with data from previously published epidemiological studies to compare gender differences.

Results Male cannabis users outnumber female users by 2:1, a similar gender ratio is found for those admitted to hospital with a diagnosis of schizophrenia or psychosis. However this ratio increases significantly for those admitted to hospital with a diagnosis of cannabis psychosis, with males outnumbering females by 4:1.

Conclusions This research brings into focus the marked gender differences in cannabis psychosis. Attending to gender is important for research and treatment with the aim of improving understanding and providing gender sensitive services.

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EV375

Parkinsonism and mental health disorders among Latino migrants

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Introduction Mental health disorders and parkinsonism (mobility slowness, rigidity, rest tremor, gait instability) often co-exist. Approximately 40% of the 7-10 million people living with Parkinson's disease globally experience co-existent depression and/or anxiety. Furthermore, people treated with dopamine-blocking medications (antipsychotics, antiemetics) or those who suffer vascular, infectious, toxic, or structural brain insults may have symptoms of "secondary" parkinsonism.

Objectives To describe the existence of parkinsonism among Latino immigrants with behavioral health and substance abuse problems.

Methods Data from the International Latino Partnership (ILRP) gathered at primary care clinics in Boston, Madrid, and Barcelona included 4 parkinsonism screening questions.

Results A total of 151 participants out of 567 (26.6%) screened positive for at least one parkinsonism question and 15 (2.6%) screened positive for all 4 questions. A small group of participants who screened positive for parkinsonism had co-existent schizophrenia, schizoaffective disorder, bipolar disorder, and/or exposure to lithium or valproic acid. We found that age 50+, depression, and anxiety were more often associated with people having parkinsonism ($P < 0.1$). Gender, race, language, and educational level were not significant predictors of parkinsonism.

Conclusions Parkinsonism and behavioral health disorders co-exist among Latino immigrants in the United States and Spain. This may be related in part to exposure to dopamine-blocking medications. Future studies should focus on early detection of mental health co-morbidities among Parkinson's disease patients as well as on prevention of "secondary" parkinsonism among people living with mental health disorders.

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EV376

Most frequent clinic comorbidities in hospitalized patients in a psychiatric clinic

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Introduction Being hospitalized in a psychiatric clinic, patients present, in addition to the diseases that determine the hospitalization, clinic comorbidities, generally decompensated.

Objectives To present the most frequent clinic pathologies in a population of hospitalized patients having diverse mental disorders and establish a protocol for investigation and their early treatment.

Aims To know the most frequent pathologies in a population of hospitalized psychiatric patients and establish a protocol for their assessment, in a way that contributes to the global improvement of the patient health condition.

Methods For its mission realization, the clinic counts on a multidisciplinary team. The participants were 762 patients, seen in the referred clinic, which presented a minimum period of hospitalization of 10 days and that were submitted to thorough clinic exam and complementary routine exams. The time frame referred to the period of March of 2012 to February of 2014, totalizing 24 months.

Results In the patients that had medical release after periods of hospitalization of, 90-day average, were obtained, in the totality of the cases, excellent evolution, evidenced by the improvement of the laboratory parameters.

Conclusions The results were achieved in the hospitalization system with careful medicament administration, differentiated diets established in agreement with the patients, supervised physical activities and psychological and psychiatric support.

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EV378

Temporal epilepsy and psychosis - Comorbidities

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