This conclusion implies the neccesity of strat the treatment in young people, treating to avoid drug use and/or dangerous behaviors in this group of patients.

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

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EV387

The influence of psychopharmacological treatment in the long-term outcome in patients suffering ADH with comorbid drug use

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ADH is one of mental disease with a higher prevalence of alcohol and drug abuse. ADH is a risk factor for drug use, and that's true in the reverse sense. The mutual influence in both disorders is clear and the presence of both disorders together could be a real challenge for a clincial professional.

The main objective of the study is to evaluate the influence of the psychopharmacological treatment in the longterm outcome of this sample, using a measurement drug use, adherence to the treatment and impulsivity.

We make a study that includes a group of patients with both disorders. We select a sample from the Centro de Día Zuría. The patients complete a battery of scales (SCL-90, BArratt, SF-36) before and after the beginning of psychopharmacological treatment.

Our results shows a better prognosis in the patients with a good adherence to treatment, with a decrease in frequency and levels of drug use and a decrease in impulsivity, with a low level of behavioral disorders and violence.

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

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EV389

Between Scylla and Charybdis: Where does the treatment of Addison's disease in late-life depression go first?

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Introduction Older adults with adrenocortical insufficiency, including Addison's disease (AD), are at an increased risk for developing late-life depression. Treatment of AD with glucocorticoid replacement therapy may exacerbate depressive symptoms and may complicate treatment of late-life depression.

Objectives To present a case with algorithm of decision-making in a particular case of glucocorticoid induced depression in patient with syndrome of Addison.

To report a case-study, describing treatment of Addison's Aims disease in LLD.

Methods A case report is presented and discussed, followed by a literature review.

Results A 77-year-old female, diagnosed with Addison's disease, was referred with persistent fatigue, weakness, weight loss, sleep disturbances, and depressive symptoms over the previous 6 months. She was taken losartan 100 mg/day, zolpidem 10 mg/day, fludrocortisone 100 µg/day, and hydrocortisone 35 mg/day. There was no personal or family history of psychiatric problems. Clinical examination was normal aside from skin hyperpigmentation. After initial minimal dose reduction of glucocorticoids, Addison's disease remained under control. One week later, her depressive symptoms disappeared without administration of antidepressants.

Conclusion The association between glucocorticoid replacement therapy and late-life depression is not well understood. The current case shows that treatment of glucocorticoid-induced depression in subjects with Addison's disease is achievable by minimal adjustments in glucocorticoid regiment. However, collaboration with endocrinology is of vital importance to prevent an Addison's crisis. Pharmacokinetic dose-finding studies are required to find optimal glucocorticoid adjustment strategy.

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

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EV390

ADHD "Symptomatic contamination" in dual pathology (I): general analysis of the "Sym_Con" sample

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Introduction The links between ADHD and SUD are demonstrated in the scientific literature. The existence of dual diagnosis affects both prognosis and clinical-therapeutic assessment.

Objective and aims Describe the general characteristics of a sample of patients with SUD (n = 162) who seek treatment for their addiction, based on the presence of symptomatic contamination by ADHD, compared to a sample of adults (n = 246) without addictive pathology (parents of children with different risk for ADHD).

Methods We assessed using different scales the properties of the sample (visual analogical [general state of health, sadness, anxiety, irritability, suspiciousness], WURS, BDI and Exploratory List of ADHD symptoms).

Results The average age in the group of parents was 40.59 versus 35.88 on the SUD group, with 42% and 87% males respectively. SUD group presented worse general state, with higher average of sadness, anxiety, irritability and suspicioness, as well as WURS and exploratory symptoms of ADHD, as shown in Tables 1 and 2.

Conclusions The SUD group had higher ADHD symptomatic contamination respect to Parents group. These results are preliminary and are pending more thorough analysis as part of a more extensive and complex study, requiring further confirmation in future studies.

Table 1 Informe.

SUD HITS	us Parents	WKS-Estado General	WRS-Tristeza	VRS-Ansiedad	VRS- Initabilidad	VAS- Suspicacia	WURS-Total	WURS- Condut_Anim Gy Relaciones	WURS- Problemas médicos	WURS- Escolary académico	WUR9-15	Lista Exploratoria Sintomas_Act ual	ListaExpSint_ Life	BDI-21 items
Parents	Weda	5,32	4/12	5,14	5,18	4,87	65,07	48,00	4,07	13,05	23,71	10,68	6,34	9,31
	N	230	234	234	235	232	238	238	238	233	238	243	245	225
	Desx tip.	1,137	1,753	1,736	1,629	1,481	26,515	21,445	3,772	7,757	16,251	8,188	5,029	8,163
SUC	Media	4,74	5,57	5,90	6,05	5,63	93,12	71,69	4,07	17,43	45,50	21,89	12,45	17,75
	N	155	158	158	158	155	155	156	158	155	157	161	161	162
	Desk tip.	2,224	2,589	2,790	2,758	2,634	28,302	23,334	3,715	6,903	17,588	10,420	5,917	10,257
Total	Weda	5,09	5,11	5,45	5,55	5,17	76,13	57,38	4,07	14,93	31,54	15,15	8,79	12,84
	N	385	392	392	333	387	253	394	335	394	395	404	402	387
	Desk fp.	1,683	2,160	2,250	2,187	2,054	30,519	25,033	3,744	7,733	18,920	10,555	6,172	9,997

Table 2 Anova de un factor.

		Suma de cuadrados	gl	Media cuadrática	F	Sig.
VAS-Estado General	Inter-grupos	30,732	1	30,732	11,130	,001
	Intra-grupos	1057,566	383	2,761		
	Total	1088,299	384			
VAS-Tristeza	Inter-grupos	56,243	1	56,243	12,401	,000
	Intra-grupos	1768,803	390	4,535		
	Total	1825,045	391			
VAS-Ansiedad	Inter-grupos	54,240	1	54,240	10,990	,001
	Intra-grupos	1924,856	390	4,936		
	Total	1979,096	391			
VAS-Irritabilidad	Inter-grupos	75,259	1	75,259	16,349	.000
	Intra-grupos	1799,877	391	4,603	And sold for the	
	Total	1875,136	392			
VAS-Suspicacia	Inter-grupos	54,046	1	54,046	13,210	.000
	Intra-grupos	1575,197	385	4,091	3364 (51,537)	
	Total	1629,243	386			
WURS-Total	Inter-grupos	73861,396	1	73861,396	99,158	,000
	Intra-grupos	291250,457	391	744,886	The period set	
	Total	365111,852	392			
WURS-Conduc_Animo y	Inter-grupos	52876,903	1	52876,903	107,177	.000
Relaciones	Intra-grupos	193398,227	392	493,363	1.10	
	Total	246275,129	393			
WURS-Problemas	Inter-grupos	.000	1	.000	,000	.996
médicos	Intra-grupos	5538,020	394	14,056	1.5	
	Total	5538,020	395			
WURS-Escolary	Inter-grupos	1853,124	1	1853,124	33,557	.000
académico	Intra-grupos	21647,434	392	55,223	245.1	
	Total	23500,558	393			
WURS-25	Inter-grupos	27981,082	1	27981,082	97,259	.000
	Intra-grupos	113064,979	393	287,697		
	Total	141046,061	394			
Lista Exploratoria	Inter-grupos	12167,433	1	12167,433	145,597	,000
Sintomas_Actual	Intra-grupos	33594,951	402	83,570	(94) -	
	Total	45762,384	403			
ListaExpSint_Life	Inter-grupos	3602,132	1	3602,132	123,442	.000
	Intra-grupos	11672,316	400	29,181		
	Total	15274,448	401			
BDI-21 items	Inter-grupos	6709,604	1	6709,604	81,068	.000
	Intra-grupos	31864,463	385	82,765	~	
	Total	38574,067	386	ALCO PARAMAN		

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

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EV391

ADHD "Symptomatic contamination" in dual pathology (II): Specific analysis of the "Sym_Con" sample

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Introduction The general data of this sample were presented in "ADHD symptomatic contamination in a Dual Pathology (I): General Analysis of the Sym_Con Sample". We evaluated the presence of symptomatic contamination by ADHD in a SUD group compared with a group of non-consumers adults (parents of children treated in a CAP unit).

Objective and aims Describe more specifically the peculiarities of the sample Sym₂Con according to the type of substance consumption (Alcohol [n = 65], Cocaine [n = 48], Cannabis [n = 49] assessing the presence of ADHD symptomatic contamination.

Methods We use differents Visual Analogical Scales plus the WURS, BDI, and Exploratory Lists of symptoms of ADHD.

Results As can be seen in Tables 1 and 2, the subgroup of Alcohol has a poorer "scalar" status with worse general state, more sadness and anxiety, being the subgroup of cocaine the most "suspicious". The presence of ADHD-symptomatic contamination is more noticeable in the Cannabis subgroup.

Conclusions ADHD symptomatic contamination in our Sym_Con sample is frequent, being the cannabis subgroup the more

contaminated one. More studies that corroborate the results obtained in this sample are required.

Table 1 Informe.

Suborupos de la base		VAS-Estado General	VAS-Tristeza	VRS-Ansiedad	VAS- Imtabilidad	VAS- Suspicacia	WURS-Total	WURS-25	Lista Exploratoria Síntomas_Actual	ListaExpSint_Life	BOI-21 items
Cocaína Media		4,83	5,04	4,98	5,40	4,96	90,94	45,72	22.08	12,67	21,00
	м	45	44	44	44	41	47	47	48	40	41
	Desv. tip.	2,397	2,793	3,115	2,721	2,601	25,646	17,465	12,311	6,386	10,97
Alcohol	Media	4,58	6.22	6,26	6,29	5,69	88,03	44,18	21,45	12,00	16,9
	Ν	65	65	65	65	65	59	61	64	64	6
	Desv. tip.	2,091	2,382	2,612	2,777	2,506	28,481	17,241	10,305	6,154	9,34
THC	Media	4,88	5,18	6,24	6,41	6,10	101,35	51,43	22.27	12,84	15,6
	N	49	49	49	49	49	49	49	49	49	4
	Desv. tip.	2,279	2,530	2,570	2,715	2,763	29,222	18,050	8,585	5,157	10,12
Total	Media	4,74	5,57	5,90	6,08	5,63	\$3,12	46,90	21,89	12,45	17,2
	N	155	158	158	158	155	155	157	161	161	16
	Dasy tip	2 2 2 4	2.699	2 790	2.759	2 634	28 312	17 999	10.420	5 617	10.25

Table 2 Anova de un factor.

		Suma de cuadrados	gl	Media cuadrática	F	Sig.
VAS-Estado General	Inter-grupos	2,805	2	1,403	,281	,755
	Intra-grupos	758,930	152	4,993		
	Total	761,736	154			
VAS-Tristeza	Inter-grupos	46,915	2	23,458	3,615	,029
	Intra-grupos	1005,733	155	6,489		
	Total	1052,649	157			
VAS-Ansiedad	Inter-grupos	51,603	2	25,802	3,416	,035
	Intra-grupos	1170,907	155	7,554		
	Total	1222,510	157			
VAS-Irritabilidad	Inter-grupos	28,552	2	14,276	1,898	,153
	Intra-grupos	1165,563	155	7,520		
	Total	1194,115	157			
VAS-Suspicacia	Inter-grupos	29,388	2	14,694	2,150	,120
	Intra-grupos	1038,951	152	6,835	10000000	
	Total	1068,339	154			
WURS-Total	Inter-grupos	5066,828	2	2533,414	3,255	,041
	Intra-grupos	118289,843	152	778,223	1.00000000	
	Total	123356,671	154			
WURS-25	Inter-grupos	1521,146	2	760,573	2,393	,095
	Intra-grupos	48954,421	154	317,886		
	Total	50475,567	156			
Lista Exploratoria	Inter-grupos	20,911	2	10,455	,095	.909
Síntomas_Actual	Intra-grupos	17351,077	158	109,817		
	Total	17371,988	160			
ListaExpSint_Life	Inter-grupos	22,540	2	11,270	,319	,727
	Intra-grupos	5579,361	158	35,312		
	Total	5601,901	160			
BDI-21 items	Inter-grupos	764,402	2	382,201	3,758	,025
	Intra-grupos	16172,222	159	101,712		
	Total	16936.623	161			

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

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EV392

Comorbidity between delusional disorder and depression. Results from the DelirAnda case register

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Introduction Comorbidity between two or more mental disorders is highly frequent. Depression is one of the diseases that more often accompanies other conditions.

Objectives The objective of this study is to establish the prevalence of depression in patients with delusional disorder and describe the treatment used in these cases.

Aims The aim is to provide useful information regarding this frequent, often disregarded, comorbidity.

Methods Our results proceed from the Andalusian delusional disorder case register. We reviewed 1927 clinical histories of patients diagnosed of delusional disorder. Upon having verified the diagnosis, following DSM-V criteria, we recollected several data, including