

Table 3 Historical data about age of drug use in both groups.

		Women (N=10; 15%)	Male (N=56; 85%)	P value
Age of first use of cocaine, years	Mean (SD)	21,71 (6,3)	19,39 (5,3)	0,752
Age of first use of cannabis, years	Mean (SD)	15,67 (1,0)	14,86 (2,9)	0,510
Age of first use of alcohol, years	Mean (SD)	16,22 (3,0)	14,41 (4,1)	0,230
Age of first use of opioid, years	Mean (SD)	25,50 (19,4)	20,19 (5,4)	0,373
Age of first use of sedatives, years	Mean (SD)	19,80 (3,0)	27,11 (10,1)	0,132
Age of first use of amphetamines, years	Mean (SD)	19,67 (2,1)	18,82 (5,6)	0,260
Age of first use of nicotine years	Mean (SD)	15,33 (1,9)	14,49 (2,9)	0,568
Age of regular use of cocaine, years	Mean (SD)	27,17 (7,2)	25,93 (8,9)	0,391
Age of regular use of cannabis, years	Mean (SD)	18,00 (2,8)	15,00 (2,0)	0,839
Age of regular use of alcohol, years	Mean (SD)	22,20 (6,2)	20,94 (8,4)	0,749
Age of regular use of opioid, years	Mean (SD)	27,00 (11,3)	21,91 (6,6)	0,397
Age of regular use of sedatives, years	Mean (SD)	23,00 (1,4)	26,40 (9,2)	0,619
Age of regular use of amphetamines, years	Mean (SD)	25,00 (0,0)	18,90 (6,0)	0,663
Age of regular use of nicotine years	Mean (SD)	15,88 (2,2)	15,17 (2,4)	0,410

*. The chi-square statistic is significant at level 05.

Table 4 Severity Scores for both groups of study.

		Women (N=10; 16%)	Male (N=66; 85%)	P value
GAF score at admission	Mean (SD)	44,50 (7,50)	38,88 (10,57)	0,36
GAF score at discharge	Mean (SD)	67,00 (10,24)	60,60 (9,86)	0,30
OEP score at admission	Mean (SD)	18,30 (6,53)	15,10 (5,40)	0,01*
OEP score at discharge	Mean (SD)	9,80 (4,43)	9,52 (3,82)	0,01*

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EV0229

GERD is associated with the outcome of MDD treatment

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Introduction Gastroesophageal reflux disease (GERD) is more prevalent among patients with major depressive disorder (MDD) than in general population, and vice versa. Bidirectional association of GERD and MDD is well documented. Although protective effect for gastric symptoms has been indicated for several antidepressants like trazodone, citalopram, fluoxetine, mirtazapine or fluvoxamine, these findings are sometimes contradictory. Similar may be claimed for antidepressant effect of some proton pump inhibitors. We decided to examine the association of GERD with the long-term efficacy of MDD treatment.

Objective To examine the association of GERD and efficacy of MDD treatment.

Methods This nested cross-sectional study was done during 2016 at Psychiatric hospital Sveti Ivan, Zagreb, Croatia on the sample of 1008 psychiatric patients. Key outcome was the number of psychiatric rehospitalizations since the first diagnosis of MDD. Predictor was patient-self-declared diagnosis of GERD. Covariates controlled by multivariate analysis of covariance were sex, age, duration of MDD in years, education, marital status, number of household members, work status, clinical global impression scale–severity of MDD at diagnosis, treatment with tricyclic antidepressants (TCA), selective serotonin reuptake inhibitors (SSRI),

serotonin-norepinephrine reuptake inhibitors (SNRI), noradrenergic and specific serotonergic (NaSSA) and antipsychotics.

Results MDD patients with GERD had significantly larger number of psychiatric rehospitalizations (mean = 5.4 (SD 6.82)) than MDD patients with no GERD (mean = 3.1 (SD 4.45)). After adjustment for all covariates, GERD significantly moderated the efficacy of treatment of MDD ($P = 0.048$; $\eta^2 = 0.05$) (Figure 1).

Conclusion To treat MDD effectively we should treat GERD as well.

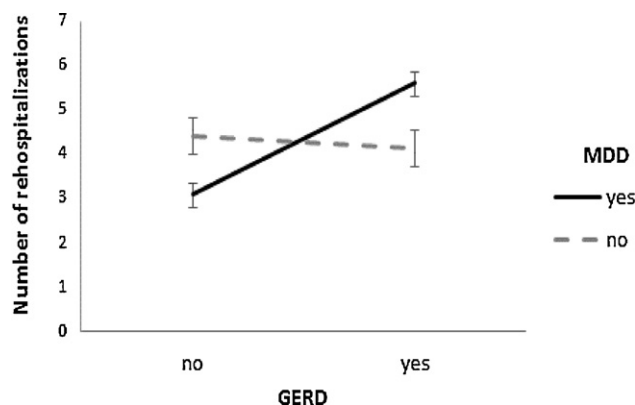


Figure 1 Number of psychiatric rehospitalizations in patients with MDD and GERD; error bars represent 95% confidence intervals ($n = 1008$).

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EV0230

Comorbidity of major depressive disorder and personality disorder increase the risk for suicide

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Introduction Personality disorder (PD) with an associated diagnostic of major depressive disorder (MDD) is a common occurrence, being considered a factor of treatment resistant depression. In this study, we compare two groups of patients' one group having Major Depressive Episode (MDD) and the other with MDD and PD as comorbidity.

Methods This is an observational study of all patients admitted with diagnosis of MDD during one month period in an acute psychiatric hospital. Data collection is made using patients files. During one month period a total number of 105 MDD cases were recorded (group A-75 cases with MDD and group B-30 patients with PD and MDD). The diagnosis was recorded in files by a specialist psychiatrist. Data is analyzed using SPSS v.20.

Results A significant difference is found when comparing age groups, mean age for group A being 60 years and for group B 35 years ($P = 0.05$). Regarding suicide attempts a higher prevalence is found in Group B (Group A 6.7%, Group B 20%) although with statistical relevance ($P = 0.04$). Study limitation: small sample size of group B does not allow analysis on different type of personality

disorders, length of hospitalisation could be biased by the requirements of assurance company.

Conclusions The risk of admission is higher at younger age in patients with MDD associated with PD than in MDD alone. The risk of suicide attempts is significantly higher in group of MDD associated with PD.

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EV0231

Cancer and serious mental illness: A qualitative exploration–findings

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Introduction Serious mental illness (SMI) is associated with poorer cancer outcomes. Reasons for such inequalities are unclear; those with this comorbidity receive fewer specialist interventions and die earlier than the general population. Further exploratory work is required.

Objectives Exploring the experience of SMI and cancer from the perspective of those affected by this comorbidity and those caring for them professionally or informally.

Methods Semi-structured interviews were conducted with 'key patients' living with SMI who had received a cancer diagnosis ($n=7$), significant others who had supported key patients ($n=4$) and healthcare professionals who had worked with at least one KP ($n=17$). A panel of patients and professionals ratified interview guides. Interviews were analysed thematically.

Results Mental health professionals were more confident in their knowledge of the needs of this population than oncology professionals, but were challenged by working with patients with major physical health needs. Key patients' mental health appeared to remain stable after cancer diagnosis, and they expressed altruism towards others with comorbid cancer and SMI. Significant others and healthcare professionals were more likely to critique systemic aspects of care than were key patients.

Conclusions Professionals feel challenged when working outside of their usual job role. Training needs include mental illness awareness in an oncology setting. Improved coordination and communication is required, encompassing significant others as well as professional groups. SMI may protect against the psychological impact of cancer. Key patients were keen to provide advice and support to others in similar situations. Further research is needed into these areas.

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EV0232

VTE and physical health assessment upon admission to acute functional and organic psychiatric in-patient wards: An audit

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Introduction Venous thromboembolism (VTE) is a condition that causes a blood clot to form within the venous blood system. If this blood clot forms in the peripheral venous system it can cause symptoms such as calf pain and swelling. If this clot becomes dislodged,

it may travel through the vessels into the pulmonary artery which can have much more severe consequences.

Objectives There has been a great deal of effort in recent years to increase the percentage of in-patients receiving a VTE assessment; and for those patients to receive appropriate VTE prophylaxis. VTE is a significant cause of inpatient deaths. This audit aims to compare current working practice to local standards and identify learning points.

Methods VTE and physical health assessment data was collected by checking electronic admission summaries from three acute psychiatric in-patient wards on a random date in 2016. The local pathway for the management of physical health and wellbeing states that the VTE assessment and Physical Health Assessment should be completed within 6 hours of admission. NICE guidelines also state that all patients should be assessed on admission, with a standard of 100%.

Results 60% of patients had a VTE assessment and 54% of patients had a physical health assessment done within 6 hours of admission.

Conclusions This audit shows that the necessary standards are not met. Importance of these assessments has been communicated during induction programmes for all staff.

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EV0233

Aspects of the psychological consequences of cannabis use

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Cannabis is seen among general population as an "anti-depressive drug". Many papers have been published in the field of investigation about the relationship between cannabis use and affective disorders. We pretend to find the aspect of the psychological consequences of cannabis use.

Methods Using Pubmed and PsychInfo, we conducted a narrative review of the literature on cannabis and psychiatric comorbidity using the keywords cannabis, psychosis, mood, depression, mania, bipolar, and anxiety.

Results There is substantial evidence of an association between cannabis use and psychosis. A few reports suggest an association with bipolar disorder while the association with depression and anxiety disorders is mixed.

Conclusions The present review confirms earlier findings of an association between cannabis use and a lower age at onset. Data shows that cannabis use, beginning in the adolescence and with a frequency higher than once a week, correlates with the development in adult age of affective symptoms and/or disorder, mainly in bipolar disorder, with a moderate relation with Depressive spectrum. Even more, some authors hypothesize that cannabis may play a role in the development of the disorder, that to say, affective disorder would not appear in the absence of cannabis use. The current findings suggest that recent cannabis use is associated with a more severe course of illness in the early phase of BD I.

Recent cannabis use was also associated with more lifetime suicide attempts.

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