*Methods* Thirty-three treatment-seeking AUD individuals were recruited from addiction division of psychiatry department of Çanakkale Onsekiz Mart University. Patients who agreed to participate in the study and completed detoxification treatment were enrolled to the study. After describing the study and obtaining informed consent, participants were assessed with demographic questionnaires (including questions such as age, gender, income status, duration of alcohol use, amount of alcohol use, duration of abstinence were given to participants) followed by the semi-structured interview. Emotion regulation was assessed with the difficulties in emotion regulation scale.

**Result** Of the patients, 93.9% were male. The average age of participants was  $41.21 \pm 12.8$  years. Of the participants, 60.6% were type 1 and 39.4% of type 2. There was statistically significant difference between type 1 and type 2 alcoholism in terms of emotion regulation. Type 2 alcoholism has more emotional regulation difficulties than type 1 alcoholism. This finding may be consistent with earlier onset of having more impulsive drinking pattern in9 type 2. *Conclusions* In conclusion alcohol use disorders are thought to be associated with emotion dysregulation. Emotional regulation difficulties, was higher in type 2 than type 1. Emotional regulation strategies should be considered in the interventions and may be evaluated as a new prognostic criteria.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1727

#### EV1398

### Impact of childhood trauma on co-morbidity among alcohol dependent patients: Controlled study

D. Gulec Oyekcin\*, A. Gurgen

Canakkale Onsekiz Mart University Medical Faculty, Psychiatry, Canakkale, Turkey

\* Corresponding author.

*Introduction* Childhood trauma has been found to be prevalent in treatment-seeking alcoholics.

*Objectives* We aimed to investigate the childhood trauma prevalence among alcohol dependent patients and the prevalence of psychiatric co-morbidity.

*Methods* A total of 61 participants were assessed; 35 treatmentseeking alcohol dependent patients and 26 age-gender matched controls in the addiction division of psychiatry department of Çanakkale Onsekiz Mart University. After describing the study and obtaining informed consent, participants were assessed with demographic questionnaires, followed by the structured clinical interview for the DSM-IV-TR and childhood trauma questionnaire (CTQ-28).

*Result* The 91.4% of the patients were male, mean age was  $42.03 \pm 12.9$ . The overall prevalence of CTE of the alcohol dependent patients was (88.6%) higher than the control (42.3%) group. Respectively the prevalence of physical neglect was 80%, emotional neglect 74.3%, emotional abuse was 51.4%, physical abuse 40% and sexual abuse 28.6%. For psychiatric disorders 96.8% of the alcohol dependent patients with childhood trauma reported any of the psychiatric disorders, 64.5% ever having a mood disorder with 25.8% ever having any anxiety disorders, and 16.1% ever having attention and hyperactivity disorder. The most common psychiatric co-morbidity was found to be as depression (58.1%).

*Conclusions* In conclusion alcohol use disorders are thought to be associated with childhood trauma. Patients with alcohol use disorders are exposed to have more childhood trauma. Childhood trauma is associated with psychiatric co-morbidity especially depression. We have to ask for childhood trauma in alcohol dependent patients with psychiatric co-morbidity.

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

#### http://dx.doi.org/10.1016/j.eurpsy.2017.01.1728

#### EV1399

# Tobacco cessation failure: Predictive value of BDI score

H. El kefi<sup>1,\*</sup>, Y. Guetary<sup>2</sup>, I. Bouzouita<sup>1</sup>, C. Bechikh Brahim<sup>1</sup>, W. Krir<sup>1</sup>, S. Eddif<sup>1</sup>, A. Oumaya<sup>1</sup>

<sup>1</sup> Hôpital militaire principal d<sup>'</sup>instruction de Tunis, Psychiatry, Tunis, Tunisia

<sup>2</sup> Hôpital militaire principal d'instruction de Tunis, Emergency Unit, Tunis, Tunisia

\* Corresponding author.

*Background* Smoking is a major healthcare issue. Evidence shows considerable comorbidity between nicotine dependence and depressive disorders.

*Objectives* We are interested in the correlation between Beck's depression inventory (BDI) scores and smoking cessation outcomes.

*Methods* Retrospective, transversal and analytical study. Data were collected from 95 patients followed in the smoking cessation consultation of The military hospital of Tunis. The BDI was used to assess depressive symptoms and nicotine dependence evaluated by Fagerstrom test for nicotine dependence (FTND).

*Results* Population was composed of men (92%), married in 65% of cases, with a mean age of 45  $\pm$  13 years. The mean age of smoking initiation was 18  $\pm$  4.5 years. Regular smoking average was 37  $\pm$  20 Packs/Year. The mean cigarette consumption was 30  $\pm$  15 per day. Forty-two percent patients reported at least one attempt to quit smoking, with an average of 37.26 days of abstinence. The mean score of FTND test was 7  $\pm$  2.31. The BDI score was higher than 3 in 86% of cases. Patients with severe depression (BDI > 15) had never attempted a withdrawal in 71% of cases (*P*=0.009), had a high or very high dependence in 85.7% of cases (*P*=0.016). The average of cigarettes per day was 40 (*P*=0.035) and they had failed withdrawal in 79% of cases (*P*=0.53).

*Conclusion* There was a fairly consistent association between presence of depression and smoking severity. This suggests that for individuals with nicotine dependence who are interested in quitting smoking, assessment and treatment of depressive symptoms may improve smoking cessation outcomes.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1729

#### EV1400

# Does a state of alcohol hangover impair event based prospective memory?

T. Heffernan

Northumbria University, Psychology, Newcastle upon Tyne, United Kingdom

*Introduction* The alcohol hangover state (AHS) is characterized by range of symptoms (e.g., drowsiness, fatigue, gastro-intestinal problems, dry mouth, nausea, sweating) that remain after ones blood-alcohol level returns to zero following a recent bout of excessive drinking. Recent findings have revealed a range of cognitive deficits associated with an AHS, including memory deficits. It is less clear what impact the AHS has upon everyday remembering; of which prospective memory is an excellent example (PM: memory for future plans/actions; such as remembering to perform a task at a specific time).

*Aims* The present study explored whether the AHS impairs everyday PM.

*Methods* Twenty-one AHS participants were compared with 28 non-AHS controls using a between-groups design. All completed a prospective remembering video procedure (prvp), which measured event-based pm. the prvp required the participant first to memorise a series of specific action-locations combinations and then to recall these combinations whilst viewing a CD clip of a busy shopping high street. Drug use (alcohol, smoking, etc.) and mood (anxiety and depression) were also measured, as these have been shown to have a deleterious impact upon PM.

**Results** The AHS group recalled significantly fewer event-based PM combinations on the PRVP compared with the non-AHS control group (P < 0.05). There were no significant differences between the groups on age, smoking, alcohol use or mood.

*Conclusion* These results confirm that a state of alcohol hangover impedes everyday prospective memory. The wider implications will be discussed at conference.

*Disclosure of interest* The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1730

#### EV1401

## Audit of near-fatal overdoses (NFOs) in patients on treatment via substance misuse services (SMS)

U. laved\*. R. Moore. C. McIntosh

Forth Valley Royal Hospital, Psychiatry, Larbert, United Kingdom \* Corresponding author.

Introduction In the NHS Forth Valley (Central Scotland) substance misuse service (SMS), there is an arrangement whereby the details of individuals administered naloxone for overdose via the ambulance service are passed to the SMS. Each patient has an allocated keyworker (nurse). It is accepted that near fatal overdoses (NFOs) are possible precursors to fatal overdose and drug-related deaths. *Objectives* To assess:

- if the information is being disseminated appropriately;

- service response and follow-up for individuals;

- patterns which might influence prescribing practice.

*Methods* A list of NFOs of known patients for the previous two years was acquired from the ambulance service. There was a retrospective review of the SMS prescribing database and clinical casenotes.

Results Patterns:

– 81% male;

– 53% aged < 40;

- 14% of NFO's involved those in titration phase;

- 86% were prescribed methadone. Methadone average dose 57 mg
(20-80 mg) and 54% were prescribed > 60 mg/day.

Receipts of information:

- sixty-one percent of keyworkers were notified.

Service response:

– in most cases when the keyworkers was informed, there was prompt action to contact and review patients (0-21 days). However, only 21% had a timely review (within 1 month) by a doctor following NFO.

*Conclusion* There needs to be an improvement in the dissemination of information between the ambulance service, administrative staff and keyworkers. Most NFO patients were prescribed > 60 mg of methadone. There needs to better identification of "harm-reduction" prescribing whereby methadone doses should be reduced at times of ongoing drug use. Fourteen percent of NFO's involved those in titration phase (twice weekly reviews) which provides an opportunity to screen and intervene for potential NFOs. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1731

#### EV1402

# Sexual dysfunctions in injectable drug users in Tunisia

J. Jihene\*, M. olfa, Z. Haifa

Razi Hospital, the Outpatient Service of the Hospital Razi, Mannouba, Tunisia

\* Corresponding author.

*Introduction* The drug addiction in the buprenorphin with high dosage (BHD) by injectable way, represents a real plague in Tunisia, consequently, we are confronted with diverse complications including the sexual dysfunctions.

*Objectives* Identify and determine prevalence of the sexual dysfunctions among this population.

*Methods* It is a transverse, descriptive study. We looked for sexual dysfunctions by using the international index of the erectile function (IIEF 15), among a population of 52 male users of BHD by injectable way.

*Results* The average score in the IIEF-15 was 36.65 with a standard deviation of 20.87, a negative correlation with duration and the quantity of consumption was noted.

The average erectile function (EF) was  $15.63 \pm 9.26$ , which corresponds to a mild to moderate erectile dysfunction, whereas 31% had a severe dysfunction.

The average score of the orgasmic function (OF) was  $6.35 \pm 3.52$ . The average score of the sexual desire (SD) was  $4.27 \pm 2.90$ .

The average score of the satisfaction with sexual intercourses (IS) was  $5.77 \pm 4.54$ , an alteration was noted in 96% of the cases, which was correlated with the severity of the consumption.

The average score of the global satisfaction (OS) was altered at 92% of the subjects.

The majority of the subjects brought back the chronology of their disorders in after the consumption of BHD. No patient consulted in sexology.

*Conclusion* It is thus important to educate stakeholders, on the frequency of sexual dysfunctions and the importance of their screening to improve the management of this problem.

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

#### http://dx.doi.org/10.1016/j.eurpsy.2017.01.1732

#### EV1403

### Addictology consultations: Experience of the outpatient department of the Razi hospital

I. Jihene\*, M. Olfa, Z. Haifa

Razi Hospital, the Outpatient Service of the Hospital Razi, Mannouba, Tunisia

\* Corresponding author.

*Introduction* The addiction is a social and universal phenomenon. Its coverage is quite recent in Tunisia. It requires a facilitation of the access to healthcare, with broadcasting of the policy of reduction of risks.

*Objectives* Raise a current situation of the addicting conducts of our patients.

*Methods* Retrospective descriptive study, concerned the patients having an addiction in psychoactive substances followed in the external consultation of the hospital Razi between November 2014 and September 2016.

*Results* The average age was  $34 \pm 10.23$  years.

Among the patients, 93.7% was of sex male.

Almost half immigrated in secret in Europe.

Seventy-five percent had criminal record.

The most used product was tobacco followed by alcohol, cannabis, benzodiazepines, Trihexyphenidyl and the opiates.

The buprenorphin is the most consummate opiate in misuse.