

higher than 7 on the HRSD-17 and age between 25 and 65. Psychiatric rating scales for clinical evaluation of prominence of symptomatology: 17-item Hamilton Rating Scale for Depression (HRSD-17) and PANSS (Positive And Negative Syndrome Scale).

Results The prevalence of patients with depressive symptoms among the schizophrenic patients was 45% i.e. out of 20 evaluated patients with schizophrenia, 9 showed depressive symptoms. The total score in the remaining 11 patients on the HRSD-17 was lower than 7 and they were excluded. Difference between the two groups for gender difference was not statistically significant.

Conclusions The percentage of patients with depressive symptoms among the patients with schizophrenic disorder was 45%. Schizophrenic patients more frequently presented mild and moderate depression in comparison to the control group. In the majority of subjects with schizophrenia and depressive symptoms positive schizophrenic symptomatology was predominant.

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

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EW122

Substance abuse and quality of life in chronic hepatitis C patients receiving antiviral treatment

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Introduction Chronic hepatitis C virus (HCV) is one of world's most important chronic infections. HCV can be treated using interferon-alpha (IFN α) and ribavirin (RBV). HCV, IFN α and RBV are known to impair mental and physical life quality. Many HCV-infected individuals have life-prevalence of substance use disorder (SUD).

Objectives To study life quality (SF-36) in HCV patients with SUD history during antiviral treatment.

Methods SF-36 questionnaire was assessed in 384 HCV patients at baseline, and at 4, 12, 24, and 48 weeks of treatment. ANCOVA models were used to study the association of SF-36 scores and potential risk factors at baseline. Risk factors from baseline scores over time were studied through linear mixed models, adjusting for baseline scores.

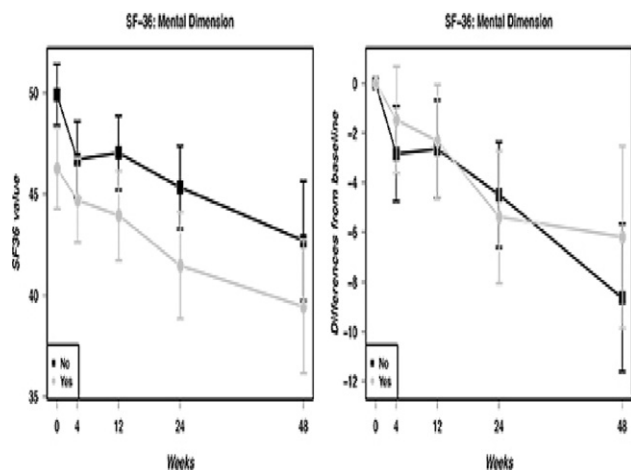


Fig. 1 Mental component scale during treatment.

Results At baseline, SUD men had worse mental ($P=0.03$) and physical health ($P=0.022$), and younger patients had worse social functioning ($P=0.011$), and mental ($P=0.001$) but better physical health ($P<0.001$). Figs. 1 and 2 show the results of mental and physical life quality during treatment from baseline.

Conclusions This study emphasizes the decrease in life quality in HCV patients with SUD before and during antiviral treatment.

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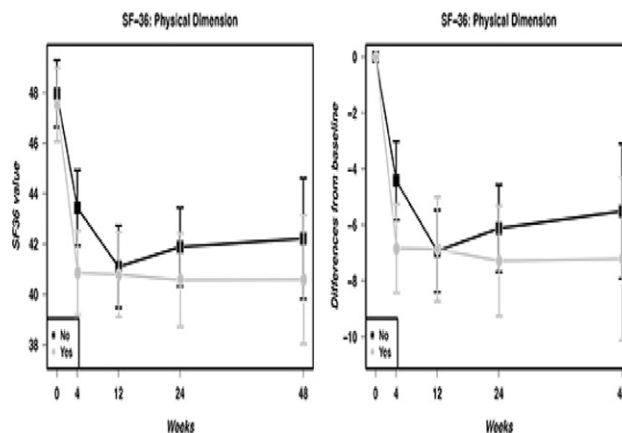


Fig. 2 Physical component scale during treatment. Adjusting for gender, age, HIV co-infection, and history of mood disorders.

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EW123

Challenging patients: Human misery

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Introduction Psychiatry has seen significant progress in recent decades due to scientific advances. However, beyond genes, neurotransmitters and neurocircuits, there is a truly human dimension that escapes all the science. The choices each one makes, even if biologically mediated, and the consequences, even if mediated through individual vulnerabilities, dictate an outcome. That outcome may be a biopsychosocially ill individual. Health professionals trained and up-to-date on the latest research are confronted with challenges that far outweigh what they expected and know what to do with, defying the humanity of even the most humane.

Objective To reflect upon a clinical case of human misery.

Aims To promote growth at a professional and personal level through the process of treating challenging patients.

Methods Presentation of a clinical case.

Results A homeless person with a history of and current drug use, prostitution, untreated HIV-AIDS, hepatitis B and C, untreated *Mycobacterium lentiflavum* pulmonary infection, bleeding rectal prolapse, prolonged psychotic manic episode and a very difficult personality has trouble finding and ultimately rejects help from medical professionals and ends up involuntarily admitted to a psychiatric inpatient unit.

Conclusions Many unsolvable or only partially solvable puzzles end up under psychiatric care. The complexity of human nature escapes all scientific advances. We can put many pieces together

but the whole often remains a challenge, a challenge of our values, our motivation, creativity and resilience.

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EW125

Agitation in the patient with dual pathology

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Introduction The consumption of toxic substances often causes agitation, which makes more difficult the pharmacological management of the symptoms.

Objective About one case, a search was performed of the different therapeutic options in the agitation takes place in the context of intoxication.

Methods Thirty-five-year-old male patient diagnosed of dual pathology under treatment since 2003 in our outpatient. The patient shows paranoid schizophrenia disorder due to alcohol, cannabis and cocaine use disorder, summing up different pharmacological treatments with no remission. Whilst the examination is taking place the patient is under alcohol and cannabis effects. His physical and verbal behaviour are aggressive showing psychotic instability. The therapeutic team administers loxapine to its patient.

Results The inhaled loxapine turned out to be a good alternative in the case given.

Conclusion Handling agitation when toxics are involved is complex. The new formulation of inhaled loxapine helps to control agitation quickly and it might be a feasible option for this kind of patients.

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

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EW126

Comparing gaze related anxiety in adult subjects with autism spectrum disorder (ASD) or social anxiety disorder (SAD)

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Social anxiety is frequently reported by individuals with ASD. If atypical eye gaze in ASD can not be fully explained by emotional models, a subgroup seems to present an active gaze avoidance associated with the report of social anxiety symptoms. The main objective of our study was to examine the gaze related anxiety in a population of adults with ASD compared with what's observed in adults with SAD. The purpose was to confirm the experience of social anxiety for some individuals with ASD and quantify its impact on gaze functioning. We included adult patients diagnosed with ASD without intellectual disability ($n = 13$) or SAD ($n = 11$) from three outpatient clinics. Patients were divided in two groups, ASD and SAD, and filled three clinical scales: Gaze Anxiety Rating Scale (GARS, Schneier et al., 2011), Liebowitz Social Anxiety Scale (LSAS, Liebowitz et al., 1999), and Social responsiveness Scale-2 (SRS-2, Constantino et al., 2003). Patients with ASD presented higher scores on SRS-2 (M [SD]: 73.5 [8.9] vs 52.4 [10.4]; $P < 0.001$) and lower

on LSAS (M [SD]: 58.6 (32.1) vs 83.8 [22.8]; $P < 0.05$) but no difference on GARS scores compared to people with SAD. Furthermore, a sub-group of ASD patients, presenting with more social anxiety, reported greater gaze related anxiety and avoidance than other patients with ASD (M [SD]: 57.8 (20.5) vs 19.4 [23.5]; $P < 0.05$). Social anxiety can be present in ASD with an impact on gaze functioning. The SRS-2 and LSAS seem to be efficient differentiating anxiety from social ability deficits and maybe useful to guide patients toward a specialised evaluation.

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

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EW127

The influence of social comparisons made on Facebook and sociotropy on bulimia nervosa symptoms: A revised examination of the dual pathway model

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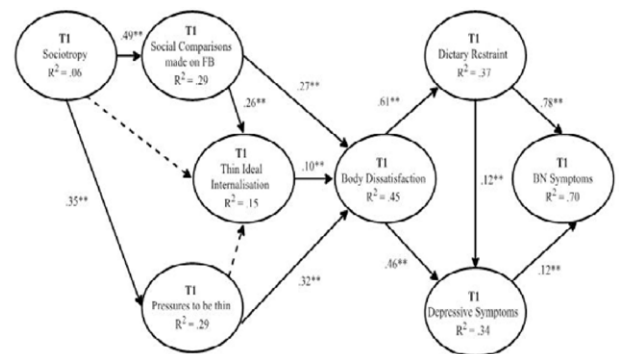
Background The dual pathway model (DPM) attempts to explain the processes that are etiological to the development of Bulimia Nervosa (BN) symptomology by examining both individual and sociocultural risk factors of BN. The DPM, however, is yet to incorporate the sociocultural factor Facebook, which is important given the widespread use of the social media website Facebook. In addition, research has suggested that the personality trait sociotropy may increase vulnerability to developing BN symptoms, however, there is limited evidence examining this factor in the DPM.

Objective To test a revised DPM with the inclusions of social comparisons made on Facebook and sociotropy both (a) cross-sectionally and (b) longitudinally.

Method Four hundred and seventy females participated at baseline (T1). Four weeks later, 274 females completed the follow-up assessment (T2), which assessed a subset of measures from the baseline assessment.

Results An acceptable fit for both DM models was obtained through Structural Equation Modeling (SEM) using MPlus (See Figs. 1 and 2).

Conclusions Prevention and early intervention efforts for both depression and BN should focus on addressing appropriate Face-



SEM fit statistics:
 χ^2 (df = 3976, N = 470) = 10536.76, $p < .001$
 CFI = .71
 RMSEA = .059
 SRMR = .07

Fig. 1 Revised cross-sectional DPM.