

Methods Parents, enrolled in the Odense Child Cohort (OCC), answered the CBCL/1½–5 when the child reached 27 months of age. Parents with children above the age of four and a raw score ≥ 5 (90th percentile) on the PDP scale, received the Social Responsiveness Scale (SRS) questionnaire. Children with a high score on the SRS were invited to a clinical examination consisting of ADOS and ADI-R. Children in OCC were re-assessed with CBCL/1½–5 again at age five years.

Results Results will be presented at the EPA conference 2017 in Florence.

Conclusions The results may contribute to enhance the outcome of treatment by detecting children with ASD at an earlier age.

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

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e-Poster walk: Co-morbidity/dual pathologies and guidelines/Guidance – part 1

EW0080

Prevalence and predictors of ADHD symptoms in adults admitted for substance use disorder treatment: A prospective cohort study

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Introduction Substance use disorders (SUD) are common in adults with ADHD. A co-occurring ADHD diagnosis is associated with poorer treatment outcomes for both the ADHD and the SUD and higher rates of relapse to substance use.

Objectives To explore the relationship between ADHD and SUD longitudinally to identify factors to help improve treatment outcomes.

Aims Prevalence of ADHD symptoms was investigated in a national cohort of SUD patients one year after SUD treatment initiation. Factors at baseline related to ADHD symptoms were explored at follow up.

Methods Five hundred and forty-eight individuals were interviewed in a multi-center study involving 21 treatment facilities at treatment initiation and one year later ($n = 261$). ADHD symptoms were measured by the Adult ADHD Self Report Scale (ASRS-v.1-1) at follow-up. Individuals who screened positively for ADHD (ADHD+) were compared to those who screened negatively on baseline variables. Emotional distress was measured by Hopkin's Symptom Check List-25.

Results At follow-up 35% screened positively for ADHD. In bivariate analysis the ADHD+ group was older, was less likely to have children, reported lower educational level, had more frequent use of stimulants, cannabis and benzodiazepines, and experienced higher degree of emotional stress. When controlling for other significant variables in a logistic regression analysis, the ADHD+ group was associated with more frequent use of cannabis (OR 2.14; CI 1.08–4.23) and of higher psychiatric symptom burden (OR 1.79; CI 1.22–2.61).

Conclusions A high prevalence of ADHD symptoms and associated challenges underline the importance of systematic screening of individuals entering SUD treatment.

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

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EW0081

The duration of undiagnosed bipolar disorder: Impact of substance use disorders co-morbidity

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Aims Study the impact of substance use disorders (SUD) co-morbidity on the duration of undiagnosed bipolar disorder (DUBP).
Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity. In our study DUBP was defined as the period between the first symptoms and the beginning of treatment by a mood stabilizer.

Results The beginning of addictive behaviour preceded the installation of bipolar disease in 32% of cases. Installation of bipolar disorder preceded the installation of addictive behaviour in 12% of cases. The beginning of addictive behaviour was concomitant with the installation of bipolar disease in 6% of cases. The average DUBP in the full sample was 4.80 years with a standard deviation of 8.04 and extremes ranging from 0.08 to 37.5.

The average DUBP in patients with SUD co-morbidity was 5.91 years with a standard deviation of 8.16 and extremes ranging from 0.08 to 35, and 3.68 years with a standard deviation of 7.84 and extremes ranging from 0.08 to 37.5 in patients without SUD co-morbidity.

Conclusions According to studies over two thirds of patients with bipolar disorder received misdiagnoses before diagnosis of BD, and among the factors involved can report the presence of SUD co-morbidity. Hence, we should detect BD among patients with SUD.

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

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EW0082

Smoking, preparing the patient with a severe mental disorder for change

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Introduction Smoking is a serious health problem for people with mental illness like the bipolar disorder patients. The developmental of motivational tools such as brief intervention it is necessary in the context of community care.

Objectives Evaluating the change in motivational stage after brief intervention and evaluating the clinical and smoking factors in relation with this.

Methods Two hundred and twenty patients diagnosed with bipolar disorder (according DSM-5 criteria) that were in the euthymic phase (defined as less than 7 points in YMRS and 10 points in HDRS) and attended the community care centers of three provinces of Andalusia (Spain). Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale).

Results After brief intervention the 29.3% of the smoking patients change in their motivational stage. The results of the multivariate analysis showed three factors in relation with difficult the progression of the evolution of motivation to change. The high punctuation in Hamilton anxiety scale (OR = 0.53; IC95%, $P = 0.002$), the high punctuation in the Fageström scale (OR = 0.56, IC95%, $P = 0.01$), and have high autoperception of the capacity of change (OR = 0.52; IC95%, $P = 0.002$).

Conclusions The anxiety (measure with Hamilton anxiety scale) plus factors in relation with smoking, like the punctuation in Fageström scale and the autoperception of the capacity of change decrease the possibilities to change.

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

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EW0083

Psychiatric vulnerability in adults with intellectual disability and autism: A literature review

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Introduction Adults with Intellectual disability (ID) and Autism Spectrum Disorder (ASD) are more vulnerable to mental health problems than the general population.

Objectives/aims This study investigates presence and rate of psychiatric disorders in comparison with ID or ASD alone, and appropriateness of assessment and diagnostic procedures or tools.

Methods A systematic mapping of the literature was carried out on the basis of the above mentioned issues. The search was conducted using PubMed and ScienceDirect, according to the following keywords: psychiatric comorbidity, psychiatric disorders, autism, ASD, intellectual disability, mental health problems, adults, assessment tools, diagnosis. Twenty-eight papers were selected for pertinence to mapping issues among more than 500.

Results Many studies show that ASD is an important vulnerability factor for psychiatric co-morbidity and for challenging behaviors (CBs) in adults with ID. Highest rates were reported for psychotic, mood, anxiety, and obsessive-compulsive disorders. Few studies show that the difference between adults with ID plus ASD and adults with only ID are not statistically significant, but for the presence of CBs in those with ID plus ASD. The disagreement of results is based on a variety of factors such as diagnostic over-shadowing, scarcity of specific assessment tools, consideration of the introspective and communication difficulties, incompleteness of medical records, and low reliability of information sources.

Conclusions Although low studies concordance, the literature mapping suggests the presence of ASD in ID to be associated with higher rates of psychopathology. Since the relevant implications for prevention and clinical management, further research with high-level evidence is hoped.

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EW0084

The influences of antipsychotics therapy at cognitive impairments in schizophrenia spectrum disorders

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Significant degree of cognitive impairment represents one of the basic cornerstones among clinical manifestations of the schizophrenia spectrum disorders and accordingly to some authors it is present in up to 75% patients with these syndromes. The aim of this study was to examine degree of cognitive impairment, firstly among patients on first generation antipsychotics therapy (FGA) compared to the patients on second generation antipsychotics therapy (SGA), and secondly to compare both groups of patients with healthy controls.

Material and methods Prospective, parallel research was conducted, in which the sample of patients and employees of Specialized Psychiatric Hospital Kotor was tested with Montreal Cognition Scale (MoCA). There were 66 participants in the samples and they were divided on four subgroups: (1) patients with FGA; (2) patients with SGA; (3) patients with combined FGA and SGA; (4) Healthy controls.

Results All groups of patients had statistically significantly lower mean MoCA scores in the comparison with healthy controls. The fact that among 83.7% of patients was diagnosed significant degree of cognitive decline (MoCA score below 26) strongly speaks in favour of high sensitivity of MoCA test in detection of cognitive impairment among patients with schizophrenia spectrum psychotic disorders. In addition, the group of patients with FGA also had statistically significantly lower mean MoCA score compared to patients with SGA.

Discussion The mechanisms of explanation of these results can be additionally enlightened with further studies on larger samples of patients, which would investigate the correlation between extrapyramidal symptomatology, anticholinergic therapy and cognitive deficit.

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EW0085

Subtypes of psychosis among difficult-to-treat patients – A cluster analytical replication study among chronically psychotic, institutionalized dual diagnosis patients

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Background Research is lacking on possible subtypes of psychosis in difficult-to-treat patients that require long-term institutionalisation due to a combination of psychosis, substance abuse and problem behaviours after multiple failed treatments.

Aim The aim of this study is to increase our knowledge of this group of patients in order to apply more targeted interventions.

Objective To identify subtypes of psychosis among this group by cluster analysis and compare these subtypes on different clinical variables.

Methods PANSS data was acquired for 117 patients. Separate clusters were identified by using Ward's method of hierarchical cluster analysis, replicating Dolfus et al., 1996 [1], who used this method in a cohort of schizophrenia patients. Subtypes of psychosis were identified using PANSS items. Clusters were compared on several clinical variables, f.e. course of admission.