

patient's inability to govern his person and property were made. The most common pathology underlying this cognitive impairment was dementia (57%).

Conclusion Our results reflect the aging of Portuguese population and the increased prevalence of dementia. The evaluation of the capacity for self-governance will be increasingly required in our clinical practice and demands a holistic approach to the patient while taking into account the preservation of his autonomy, dignity and rights.

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

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EV0524

Epidemiology of depression in Azerbaijani urban female population. Cross-cultural comparison of depression incidence/prevalence indicators

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Introduction The aim is to determine the prevalence and incidence of depression for an Azerbaijani female sample and explore the impact of cultural factors on depression.

Objectives To determine: the optimal cut-off point of ZDRS; the point prevalence and 3 month incidence of depression; risk factors for depression. To compare the depression prevalence in the two language groups of the Azerbaijani population (Azerbaijani-speaking and Russian-speaking) for determining possible impact of cultural factors on depression.

Methods The first screening with ZDRS (Az) and ZDRS (Ru) were carried out with 1500 research participants, who filled out the questionnaires at their homes. All the screened subjects who score 40 and more on ZDRS were examined by MINI. True-positive and false-positive results were defined. Ten percent of the screened subjects, who score less than 40 on ZDRS were randomly chosen for clinical interviews to define true-negative and false-negative results. According to the analysis the optimal cut-off point of ZDRS in the Azerbaijani female population was found with the definition of its sensitivity, specificity, positive predictive value and negative predictive value. Based on the optimal cut-off point of ZDRS, point prevalence and incidence of depression was determined in Azerbaijan. The follow-up screening was conducted to determine the 3 month incidence of depression.

Results The determined prevalence and incidence of depression will be reported with the optimal cut-off point of ZDRS.

Conclusions The results of the current study suggested that the ZDRS was a valid tool for use in screening patients with depression disorders but need a modification.

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

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EV0525

Social stigma and disclosure of diagnosis among women with breast cancer in Azerbaijan

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Objective The current practice in medical and surgical care of women with breast cancer in Azerbaijan is to hold back disclosure of cancer diagnosis unless the patient actively asserts full disclosure. This study aimed to serve as a pilot, to appraise the level of anxiety and depression in women diagnosed with breast cancer and explore ways to develop approaches to further elucidating the important issue of cancer information disclosure.

Methods The subjects in the study were women recruited consecutively with confirmed oncological diagnosis of breast cancer ($n = 23$; mean age = 50 (SD ± 11 ; range 27–73 years) and who were scheduled for mastectomy. All the subjects consented to be directly interviewed. The interview comprised of a socio-demographic questionnaire and inquiry regarding the subjects' understanding of the nature of their breast condition. All the subjects were also administered the Hospital Anxiety and Depression Scale (HADS) in Azerbaijani. The patients who knew their diagnosis of cancer were ascertained subsequently from the record ($n = 11$ [42.3%]).

Results There was a significant correlation between anxiety scores ($P = 0.006$) and anxiety/depression scores combined ($P = 0.009$) with the level of subjects' awareness regarding diagnosis of cancer; the correlation was not significant for depression scores alone ($P = 0.068$).

Conclusions The findings are consistent with studies from culturally similar regions and reflect the need for improvement on disclosure, patient participation, and family support in treatment of women with breast cancer.

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

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EV0526

Increased prevalence of psychosis in patients who get admitted with atrial fibrillation with worse outcomes

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Objective To determine trends and impact on outcomes of atrial fibrillation (AF) in patients with pre-existing psychosis.

Background While post-AF psychosis has been extensively studied, contemporary studies including temporal trends on the impact of pre-AF psychosis on AF and post-AF outcomes are largely lacking.

Methods We used Nationwide Inpatient Sample (NIS) from the healthcare cost and utilization project (HCUP) from year's 2002–2012. We identified AF and psychosis as primary and secondary diagnosis respectively using validated international classification of diseases, 9th revision, and Clinical Modification (ICD-9-CM) codes, and used Cochrane–Armitage trend test and multivariate regression to generate adjusted odds ratios (aOR).

Results We analyzed total of 3,887,827 AF hospital admissions from 2002–2012 of which 1.76% had psychosis. Proportion of

hospitalizations with psychosis increased from 5.23% to 14.28% (P trend <0.001). Utilization of atrial-cardioversion was lower in patients with psychosis (0.76% vs. 5.79%, $P < 0.001$). In-hospital mortality was higher in patients with Psychosis (aOR 1.206; 95%CI 1.003–1.449; $P < 0.001$) and discharge to specialty care was significantly higher (aOR 4.173; 95%CI 3.934–4.427; $P < 0.001$). The median length of hospitalization (3.13 vs. 2.14 days; $P < 0.001$) and median cost of hospitalization (16.457 vs. 13.172; $P < 0.001$) was also higher in hospitalizations with psychosis.

Conclusions Our study displayed an increasing proportion of patients with Psychosis admitted due to AF with higher mortality and extremely higher morbidity post-AF, and significantly less utilization of atrial-cardioversion. There is a need to explore reasons behind this disparity to improve post-AF outcomes in this vulnerable population.

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

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EV0527

Comparison between patients who did not show up for their first visit and the ones who did

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Introduction Referrals to psychiatry from primary care has increased in recent years. This can be the result of the global economic situation and represents a problem for specialized care, because patients can't usually be correctly attended to. On the other hand, patients who don't come to visits make up other important issues that we must analyze.

Objectives To analyze the differences between patients who did not come for their first visit and those who did in order to try to describe variables that could be affecting them.

Methods This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data, (4) attendance to appointment, (5) diagnosis impression and (6) destination of referral. The SPSS 19.0 was used to analyze the data.
Results We studied a total of 1.048 patients for 15 months, of which 20.6% did not come to their first visit. A statistically significant relationship between attendance and gender, year of the appointment, adequate demand or not, previous follow-up and diagnosis was found (χ^2). However, if a logistic regression was carried out, only the adequacy of the demand was included in the model.

Conclusions Coordination with general practitioners is essential to improve referrals and, most importantly, the attention to patients. If we can agree on the referral criteria, a better-personalized assistance can be offered to patients who have more difficulties in coming (because of characteristics of illness, place of residence, and other variables).

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EV0528

Analysis of geographical distribution of referrals to psychiatry from primary care

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Introduction The distribution of the demand from primary care in the mental health units could be a way of facilitating the coordination and improving the attention to patients. For this reason, in our unit we have made a repartition of the areas among the different psychiatrists.

Objectives To analyze if there was a correlation between the geographical origin of the patients or their primary care areas and the referrals, and between them and their attendance.

Methods This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data (origin, gender, age), (4) Primary Care area, (5) attendance to appointment, (6) diagnosis impression and (7) destination of referral. The SPSS 19.0 was used to analyze the data.

Results A total of 1048 patients were sampled. A statistically significant relationship hasn't been found between place of residence, primary care area or areas of distribution in the Unit and attendance (χ^2). If we analyze the population of each distribution, we can describe similar percentages depending on the size of these.

Conclusions Although a different distribution and a relationship is thought between some areas and the attendance or the number of referrals, we didn't find out them in our sample.

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EV0529

Identification of major depressive disorder among the long-term unemployed

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Introduction Depression is a common disorder among the unemployed, but research on identification of their depression in health care (HC) is scarce.

Objectives The present study aimed to find out if the duration of unemployment correlates to the risk for unidentified major depressive disorder (MDD) in HC.

Methods Sample of the study consisted of long-term unemployed who were in screening project diagnosed as having MDD ($n = 243$). The diagnosis was found in the records of HC in 101 (42%) and not found in 142 (58%) individuals. Binary logistic regression models were used to explore the effect of the duration of unemployment to the identification of MDD in HC.

Results The odds ratio (OR) for non-identified MDD in HC was 1.060 (95%CI 1.011–1.111, $P = 0.016$) per unemployment year and when unemployment had continued, for example, five years the OR for unidentified MDD was 1.336. The association remained significant throughout adjustments for the set of background factors (gender, age, occupational status, marital status, homelessness, self-reported criminal records, suicide attempts, number of HC-visits).

Conclusions This study among depressed long-term unemployed indicates that the longer the unemployment period has lasted, the greater the risk for non-identification of MDD is. HC services should