

**Methods** In 2015, health professionals were interviewed by using a ProDeMa<sup>®</sup> 11-item questionnaire that assessed the type and frequency of endured patients' aggressive behavior, as well as the conditions capable of producing or preventing it. One-way ANOVA with Tukey post-hoc test was used for comparisons.

**Results** A total of 165/211 (78%) surveyed workers (mean age  $\pm$  DE = 44.9  $\pm$  7.7; females = 64.6%) completed the questionnaire, of whom 21% employed at the inpatients unit (INP), 37% at the outpatients unit (OUTP), 42% at the rehabilitation facility (REHAB). The one-year number of verbal aggressions (VA) was 9766, with INP (mean  $\pm$  SD = 15.2  $\pm$  29.6) vs. OUTP (mean  $\pm$  SD = 6.2  $\pm$  30.6) vs. REHAB (mean  $\pm$  SD = 8.4  $\pm$  26.1). The one-year number of physical aggressions (PA) was 1502, with INP (mean  $\pm$  SD = 3.3  $\pm$  12.2) vs. OUTP (mean  $\pm$  SD = 0.1  $\pm$  0.5) vs. REHAB (mean  $\pm$  SD = 0.1  $\pm$  0.7). The one-year number of injuries (IN) was 200, with INP (mean  $\pm$  SD = 0.5  $\pm$  1.9) vs. OUTP (mean  $\pm$  SD = 0.1  $\pm$  0.5) vs. REHAB (mean  $\pm$  SD = 0.1  $\pm$  0.2). ANOVA showed significant differences in terms of mean verbal/physical aggression and injuries among the three workplaces ( $P$ -values = 0.000), with post-hoc Tukey test showing a significant difference of INP vs. REHAB and OUTP. The most frequent risk factors identified by the staff for precipitating aggression included rigid rules (15.1%) and inadequate communication (9.1%).

**Conclusions** The three types of violence are common in all facilities of our Department.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.280>

#### EW0667

### A crossroad in ADHD – adult-onset ADHD

A. Ponte\*, H. Prata Ribeiro, L. Carvalhão Gil, D. Pereira

Centro hospitalar psiquiátrico de Lisboa, psychiatry, Lisboa, Portugal

\* Corresponding author.

**Introduction** Attention-deficit/hyperactivity disorder (ADHD) is a common disorder characterized by inattention or hyperactivity–impulsivity, or both. For a long time, ADHD was thought of as a disorder of children which would sometimes persist into adulthood. DSM 5 uses as a criterion that several symptoms have to be present prior to age 12 years.

**Objectives** To discuss the findings of 3 recent cohorts that show the onset of ADHD in adulthood.

**Methods** A review of selected articles of interest using PubMed database.

**Results** 3 large, longitudinal, population studies from Brazil, New Zealand (NZ) and the United Kingdom (UK) show that we are at a crossroads in our understanding of ADHD. In each study, the prevalence of adult-onset ADHD (Brazil, 10.3%; UK, 5.5%; and NZ, 2.7%) was much larger than the prevalence of childhood-onset adult ADHD (UK, 2.6%; Brazil, 1.5%; and NZ, 0.3%). They all propose different conclusions that would result in a paradigmatic shift in ADHD: in Brazil, that child and adult ADHD are “distinct syndromes”; in the UK, “that adult ADHD is more complex than a straightforward continuation of the childhood disorder” and in NZ, that adult ADHD is “not a neurodevelopmental disorder”. Faraone et al., in an editorial in *JAMA Psychiatry*, propose that these findings might correlate to subthreshold child ADHD before it emerges as adolescent- or adult-onset ADHD.

**Conclusions** It's an exciting time in ADHD research. These new data work as an incentive to study adult-onset ADHD and how it emerges. Future research will shape our understanding of adult ADHD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.281>

#### EW0668

### The Chinese version of the brief assessment of cognition in schizophrenia: Data of a large-scale Mandarin-speaking population

L.J. Wang<sup>1,\*</sup>, S.T. Hsu<sup>2</sup>

<sup>1</sup> Kaohsiung Chang Gung memorial hospital, department of child and adolescent psychiatry, Kaohsiung City, Taiwan R.O.C.

<sup>2</sup> Kaohsiung municipal Kai-Syuan psychiatric hospital, department of community psychiatry, Kaohsiung City, Taiwan R.O.C.

\* Corresponding author.

**Objective** The brief assessment of cognition in schizophrenia (BACS) is a cognitive assessment tool used to measure the broad aspects of cognition that are most frequently impaired in patients with schizophrenia. This study aims to develop the normative data of the Chinese version of the BACS among the Mandarin-speaking population.

**Methods** This cross-sectional study included 382 healthy participants (age range: 19–79 years; mean age: 48.0  $\pm$  16.7 years, 47.6% male) in Taiwan, who were evaluated with the BACS. Means and standard deviations of subtests and composite scores were arranged by age group and gender. The Z-scores calculated based on the U.S. norms were compared to our scores based on the norms established in the present study.

**Results** The raw scores of all the BACS tests (verbal memory, digit sequencing, token motor test, verbal fluency, symbol coding, and Tower of London) were negatively correlated with participants' age. Females were superior to males in verbal memory, but inferior to them in executive function. Furthermore, applying the U.S. norms of the BACS to determine the performance of the Chinese BACS results in bias with regard to verbal memory, token motor test, verbal fluency, symbol coding, Tower of London, and composite score.

**Conclusions** These findings demonstrate that directly applying Western cognitive norms to a Mandarin-speaking population can cause biased interpretations. The results of the current study can be an important reference for clinical settings and research related to cognitive assessments in Mandarin-speaking Chinese populations.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.282>

### e-Poster Walk: Mental health care; Mental health policies and migration and mental health of immigrants

#### EW0669

### Dissemination of DBT for borderline personality disorder in Egypt, facts and challenges

A. Abdelkarim<sup>1,\*</sup>, D. Nagui Rizk<sup>1</sup>, A. Ivanoff<sup>2</sup>

<sup>1</sup> Alexandria faculty of medicine, neuropsychiatry, Alexandria, Egypt

<sup>2</sup> Columbia university, school of social work, New York, USA

\* Corresponding author.

**Background** DBT proved to be effective in reducing suicidal behavior, non-suicidal self-injury, psychiatric hospitalization, treatment dropout, substance use, anger, and depression and improving social and global functioning in Borderline personality disorder. As a step towards increasing utilization of evidence based treatments in the Egyptian healthcare system, the team at Alexandria university started a comprehensive DBT program.

**Aim** To describe the implementation and dissemination experience of DBT in Egypt.

**Methods** The implementation of DBT is examined quantitatively. Numbers were calculated retrospectively from the records at the implementation start in December 2013 and after 3 years in September 2016.

**Results** Number of therapists increased from one team of 2 therapists and one observer to 16 therapists organized in 3 teams plus 4 observers. The initial team, 7 psychiatrists and 2 clinical psychologists, could host and attend the first DBT Intensive Training in the middle east in 2014. DBT intensive training is the official training model developed by Dr. Linehan. We started with 8 clients one group for adults in Alexandria at 2013, increasing to 150 clients in 12 groups for adults, adolescent and SUD patients in 2016 with an average increase of 18.75 folds. The team participated and presented about DBT in 23 local and regional scientific meetings and hosted two workshops in collaboration with BehavioralTech, the official training institute.

**Conclusions** Although the DBT implementation in Egypt represented a great challenge, results are showing a promising increase in the number of trained therapists and participating clients.

**Keywords** Dissemination; DBT; Egypt; Borderline personality disorder

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.283>

#### EW0670

### Physical examination of psychiatric patients who presented at emergency department in a tertiary care hospital in Sultanate of Oman

S. Alhuseini

*Oman medical speciality board, Psychiatry, Muscat, Oman*

**Objective** To examine the completeness of physical assessment of patients presenting with psychiatric problems to the emergency department (ED).

**Methods** This was observational study based on a retrospective review of the medical records of patients who attended the ED of Sultan Qaboos university hospital and referred to the on-duty psychiatrist for assessment over a 12-month period. All patients aged 16 years and above, who presented to the ED with a psychiatric complaint were included in the study. A data collection sheet was designed to gather each patient's demographic data such as age and gender, past psychiatric history, nature of the presenting complaints, thoroughness of physical assessment, medications prescribed by the ED doctor prior to psychiatric assessment, and whether the patient was discharged, admitted to a psychiatry.

**Results** A total of 202 patients met the inclusion criteria. The mean age of the patients was 34.2 years. Females represented 56% of the sample. The majority of the study group (60.4%) were patients with a documented past psychiatric history. Physical examination was conducted in the ED for 61.4% of the patients, while vital signs were recorded for 68.8% of them. Approximately, 31% of the patients required injectable psychotropic medications as tranquilizers in the ED. Patients with an isolated psychiatric complaint coupled with a documented past psychiatric history were more likely to be referred to the on-call psychiatrist without a physical examination by the ED doctors.

**Conclusion** In our institution, not all patients with psychiatric presentations had a complete physical examination by the ED doctors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.284>

#### EW0671

### National child developmental and mental health disorders screening policy in Thailand

A. Benjaponpitak

*Rajanukul institute, department of mental health, Bangkok, Thailand*

**Background** Developmental disorders and mental health problems result in less optimal outcomes in children. Although awareness among the public had been improving, there was paucity of early identification frameworks, care pathways as well as the process of monitoring and evaluation in Thailand.

**Objective** To develop appropriate National child mental health policy in Thailand.

**Aim** To promote developmental and mental health outcomes of children.

**Method** Current child development and mental health research as well as policy development were reviewed. The framework of development together with major mental health disorders screening and intervention among children has been studied and established as a major policy in Thailand since 2014. The National developmental screening has been implemented in children aged 9, 18, 30 and 42 months. District level hospitals have been coached to facilitate Health promotion schools to screen and provide early intervention for grade 1 students with mental health problems. Annual data has been collected and analyzed to reflect the milestones of child development and mental health prevention-promotion policy in Thailand.

**Result** The coverage of National developmental screening ranges from 70–80% of children. About 20% of preschoolers are at risk of language delay while nearly 20% of grade 1 children are at risk of emotional, behavioral and learning problems. Parental awareness is the major challenge for those with limited financial resources.

**Conclusion** Investments in early childhood development are needed. The pathways to develop the appropriate intervention requires further collaboration among stakeholders.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.285>

#### EW0672

### A RCT of a staff training intervention to promote quality of care in long-term residential facilities—the PromQual study

G. Cardoso\*, A. Papoila, J. Caldas-de-Almeida  
*Faculdade de Ciências Médicas Universidade Nova de Lisboa, chronic diseases research centre CEDOC, Lisbon, Portugal*

\* Corresponding author.

**Introduction** The shift of hospital-based to community-based mental health care, introduced the need to assess and promote quality of residential services.

**Objectives** This RCT aimed at assessing the effectiveness of a staff training intervention to improve quality of care in residential facilities.

**Methods** Twenty-three units with at least 12-hour on-site staff support per day in Portugal were assessed with the quality instrument for rehabilitative care (QuIRC) filled online by the manager. A random sample of service users were interviewed using standardised measures of autonomy, experiences of care, quality of life, and the time user diary (TUD) for level of activity. The intervention group units ( $n = 12$ ) received workshops and a four-week hands-on training of the staff versus TAU in the control group ( $n = 11$ ). All units and users were reassessed at 8-months. The staff knowledge gained during the workshops was assessed using pre- post-test. Generalized linear mixed effects models were used.