O026

Effectiveness of psychoeducational family intervention on coping strategies of relatives of patients with bipolar I disorder

M. Savorani *, G. Borriello , V. Del Vecchio , G. Sampogna , C. De Rosa , C. Malangone , M. Luciano , B. Pocai , V. Giallonardo , A. Fiorillo
University of Naples SUN, Psychiatry, Naples, Italy
* Corresponding author.

Background Relatives' coping strategies – an essential element for the recovery of patients with severe mental disorders – are grouped in problem-oriented and emotion-focused. The former include practical strategies to deal with the stressful situation and are associated with a better long-term outcome of patients and relatives; the latter are psychologically driven and are associated with a worse outcome. It has been reported that psychoeducational family intervention (PFI) can improve problem-oriented coping strategies, while few data are available on relatives of patients with bipolar disorder.
Objectives To assess the impact of the PFI on promotion of problem-oriented coping strategies adopted by relatives of patients with bipolar I disorder.
Methods This study was conducted in 11 Italian mental health centers. Patients and their relatives were allocated to the experimental group receiving PFI or to the control group (waiting list). Before starting the intervention and at the end of the PFI, coping strategies were assessed using the family coping questionnaire.
Results Of the 139 recruited families, 72 families were allocated to the experimental group and 67 to the control group. Relatives from the experimental group reported a significant improvement in problem-oriented coping strategies, such as positive communication ($P < .01$) and searching for information ($P < .05$). On the other hand, a reduction in collusion ($P < .0001$), avoidance ($P < .01$) and resignation ($P < .001$) were found at the end of the intervention.
Conclusions PFI is effective in promoting the coping strategies in relatives of patients with bipolar I disorder and it should be given routinely in mental health centers.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.248

Oral communications: Classification of mental disorders; comorbidity/dual pathologies; psychopathology; psychopharmacology and pharmacoeconomics and sleep disorders & stress

O027

Integrating the findings from boundary sciences for development of the DSM/ICD classifications

I. Trofimova
McMaster University, Psychiatry and Behavioral Neurosciences, CILab, Hamilton, Canada

Introduction Temperament and mental illnesses are considered to be varying degrees along the same continuum of imbalance in the neurophysiological regulation of behavior. Mental disorders are linked to specific patterns in the relationships between neurotransmitters and between brain structures. Similar links were found for temperament traits. Development of DSM and ICD classifications might benefit therefore from an integration between psychiatry, functional neurochemistry and differential psychology.
Objectives To describe the neurochemical systems underlying mental disorders and temperament traits in healthy adults.
Methods Findings in neurochemistry, neuropsychology, differential psychology and psychopathology are compared to the traits described in various temperament models. This analysis is summarized in the perspective of the neurochemical functional ensemble of temperament (FET) model.
Results Neurochemical correlates for 12 main dynamical aspects of behavior are presented as a systemic framework that follows a universal functional structure of human actions described in kinesiology, neuroanatomy, neurochemistry and clinical neuropsychology. The role of monoamine systems (serotonin, dopamine, noradrenalin), acetylcholine, GABA/glutamate, neuropeptide and opioid receptor systems are linked to regulation of specific dynamical properties of behavior in a systematic way. Several insights for the structure of the classification of mental disorders from the perspective of the FET model are proposed.
Conclusions An integration of research in neurochemistry and psychopathology of behavior with differential psychology based on healthy samples can bring new insights for future versions of DSM and ICD classifications of mental disorders. Such integration does not follow either dimensionality or categorical approach but instead is based on functional ecology of human behavior.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.249

O028

Substance use disorder among admitted patients with bipolar disorder in a psychiatric service during a three-year period

M. Fernandes *, S. Silva , D. Mota , A. Oliveira , J. Ribeiro , V. Santos , N. Madeira , C. Pissarra , Z. Santos
Centro Hospitalar e Universitário de Coimbra, Centro de Responsabilidade Integrada em Psiquiatria e Saúde Mental, Coimbra, Portugal
* Corresponding author.

Introduction Bipolar disorder has the highest rates of comorbid substance use disorders. Approximately 60% of patients with bipolar I disorder have a lifetime diagnosis of a substance use disorder (SUD). Excluding tobacco, alcohol is the substance most often abused, followed by cannabis, amphetamines and cocaine.
Objectives Determine the prevalence and compare sociodemographic and clinical variables in patients with SUD comorbid diagnoses and patients without this comorbidity.
Methods Charts of all patients with a diagnosis of bipolar disorder admitted in the Coimbra Hospital and Universitary Center over a three-year period (2013–2015) were reviewed to gather data on sociodemographic and clinical data.
Results During a three-year period, 189 patients were admitted with bipolar disorder, almost half of patients (47,6%) had a SUD comorbid diagnostic. Comorbidity of BD and SUD is characterized by a complicated course with multiple recurrences of bipolar episodes and increased hospitalizations. The risk of suicide attempt is significantly higher when associated with SUD. In addition, BD is associated with pervasive social, family, and employment dysfunction. Poor treatment adherence in this population is also a serious clinical challenge that significantly impacts treatment response and outcome. The authors will analyze all this variables in the population admitted.
Conclusion According to the most recent literature on SUD and BD, these two problems occur together so frequently that all patients with a bipolar diagnosis should also be assessed for drug and alcohol problems. BD complicated by SUD represents a seri-