

negative consequences, observed in the patients with behavioral addictions.

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EV1407

Identifying the relationship between marital adjustment and, sex roles and burnout rather than dependence features of the patient in wives of the patients with AUD

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Objective To identify the relationship between marital adjustment and, sex roles and burnout rather than dependence features of the patient in wives of the patients with AUD.

Method The study sample consisted of 33 wives of AUD patients (according to DSM-IV-TR criteria) who were applied to a University Hospital Alcohol Dependence Clinic to leave alcohol use. Sociodemographic questionnaire, Marital Adjustment Scale (MAS), Maslach Burnout Inventory (MBI), Bem Sex Role Inventory-Short Form (BSRI) and, Beck Depression Inventory (BDI) were applied to the wives of ADD patients.

Results Mean MAS score was under cut-off score (29.63 ± 10.33) and it shows that marital adjustment is lower in wives of ADD patients. It was shown that marriages longer than ten years, and higher emotional exhaustion scores were associated with lower marital adjustment in our study. Masculinity scores were higher in wives who perceived their income status higher. In contrast to previous studies, which examined marital adjustment, masculinity role was found to be associated with higher marital adjustment in our study.

Discussion Emotional exhaustion and depression are common in spouses of the patients with ADD in our study. There may be a distortion in expected roles of the spouses which cause a disequilibrium on the family relationship. Lower income status, having increased number of children was associated with severe depression in wives which found to reduce marital adjustment scores. Finally, most of the wives of ADD patients will need psychotherapeutic treatments during addiction period. So incorporating spouses into treatment of ADD patients is a necessity to improve marital adjustment and burnout.

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Interventions to improve lifestyle and quality of life in patients with concurrent mental illness and substance use

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Background Patients with co-existence of psychiatric disorders and substance use have an increased risk of premature death. This

is attributable to a higher prevalence of physical comorbidities and the lifestyle related to substance use. Furthermore, they experience low quality of life (QoL). Studies addressing lifestyle interventions for these patients are warranted.

Aims To investigate the physical health and QoL in patients with co-existence of psychiatric disorders and substance use, and to analyse for changes in their (a) health, (b) substance use and (c) QoL after a 24-month health-promotion programme. Further aims were to investigate associations between (a) QoL and number of interventions, (b) QoL and patient characteristics and (c) QoL and length of participation in the intervention.

Methods In this naturalistic cohort study, 64 non-selected patients were engaged in health-promoting interventions added to contemporary treatments. QoL and clinical variables were measured at the beginning of and continuously during the programme by means of the WHOQoL-Bref questionnaire.

Results At enrolment, the patients' intake of cannabis and alcohol was high. During follow-up, patients consumed significantly fewer caffeinated beverages ($P=0.038$) and fast-food meals ($P=0.018$), and slept significantly less ($P=0.032$). The average dose of antipsychotic medication increased significantly ($P=0.015$). QoL was low at enrolment but improved significantly overall ($P=0.009$) and in the psychological ($P=0.020$) and environmental domains ($P=0.012$) at follow-up. The difference in total QoL was positively associated with the number of interventions attended.

Conclusion This programme shows promise in addressing health promotion for these patients and can easily be integrated into contemporary treatments.

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Clock genes SNP array identifies a key role of the PER1/HES7 gene in the risk of cannabis addiction and psychiatric comorbidities

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The existence of biological rhythms disruption in addicted subjects has been described including disturbances in their sleep-wake pattern, rest-activity rhythms, and feeding schedules. Circadian rhythms have also been related to psychiatric diseases, including mood and anxiety disorders and the regulation of dopaminergic transmission, especially in reward circuitry in substance abusers. The relationship between them remained enigmatic and no data on the role of clock genes variants on cannabis dependence have been documented. We aimed at exploring the role of clock gene genotypes as potential predisposing factor to cannabis addiction, using a high throughput mass spectrometry methodology that enables the large-scale analysis of all the known clinically-relevant polymorphisms of the core human clock genes. We have conducted a case-control study on 177 Caucasians categorizing between cannabis-addicted subjects ($n=83$) and casual cannabis consumers ($n=94$). We report here a strong association between the TT* genotype RS1442849 in *PER1/HES7* gene and a significantly higher risk of vulnerability to be dependent to cannabis. Moreover, this SNP was overrepresented in the subsets of cannabis users with more severe characteristics like personal psychiatric history, unemployed status, and beginning of cannabis use early in lifetime as well as large weekly consumption. *HES7* gene is a newly described gene with a circadian expression regulated by reactive oxygen species in many cell types including neural stem cells. The *HES7* TT* genotype RS1442849 gene could intervene on the dopamine reward systems. This genotype thus represents the first potential biomarker for