

Material and methods PAFIP is an early intervention program for early stages of psychosis. One hundred and sixty-three were included, followed-up at regular intervals of six months for three years with administration of clinical and functional scales (BPRS, SAPS, SANS, CDRS, GAF and Drake). Patients were divided into three groups: (1) those non-users neither before the onset nor during follow-up (nn), (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences were observed in terms of functionality at three-year follow-up endpoint but a trend to a better-preserved functionality in the sn group. The sn group presented lower scores in scales for positive symptoms with respect to the comparison groups.

Conclusions The interruption in cannabis use may have a beneficial effect on short-term clinical prognosis and functionality on long term.

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

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EW0094

Dual diagnosis and medical co-morbidity: Data from a specialized brief psychiatric in-patient unit

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Introduction Previous research on the prevalence of medical disorders among adults with dual diagnosis (DD) has been inconclusive.

Objectives The purpose of this study was to assess dual diagnosis and medical co-morbidity at the Brief Psychiatric Inpatient Unit of Marqués de Valdecilla Hospital, Santander in the period from January 2014 until March 2015.

Methods Ninety-three patients were admitted at our hospital from December 2014 until March 2015. The sample was analyzed retrospectively. Sixty-two of the patients (66.7%) met criteria for Dual Diagnosis. We collected socio-demographic variables, drug abuse, mental pathology, and treatment received.

Results The mean age of the sample was 42.95 years (± 14 DS) with a male:female ratio of 1.8:1 (no significant differences by gender). Hypertension was more prevalent among patients without dual pathology (22.5%). Patients with dual diagnosis presented hypertension less likely (6.5%) ($P < 0.005$). This can be explained by the fact that patients without dual diagnosis had a higher mean age (47 years) than patients with dual diagnosis (42 years). We did not find statistically significant differences between both groups respect to diabetes mellitus, vascular brain disease, HIV and dyslipidemia.

Conclusions Hypertension was less likely to appear among patients with dual pathology admitted to an ultra brief psychiatry unit. This could be explained for an earlier mean age at admission among these patients.

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

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EW0095

The association between autistic traits and post-traumatic stress disorder: Preliminary findings among typically-developing adults in Israel

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Background and aims Although studies show that those suffering from autism spectrum disorders (ASD) face an increased risk of exposure to trauma (bullying, physical abuse), the co-morbidity between autistic symptoms/traits and post-traumatic stress disorder (PTSD) was almost entirely neglected by researchers. The aim of this preliminary study is to explore the possible associations between these two conditions among typically-developing college students.

Methods Participants were 39 students, recruited from 2 Israeli universities. Twenty-four participants were psychology students, and 15 were business administration students. Participants completed self-report questionnaires tapping sociodemographic background, trauma exposure, PTSD (the PTSD Checklist-5, PCL-5), and autistic traits (the Autism Spectrum Quotient, AQ).

Results Our preliminary findings revealed a positive association between symptoms of PTSD and autistic traits. More specifically, among those in the 3rd and 4th highest quartiles of AQ scores, 87.5% met the cut-off score for a probable PTSD diagnosis ($\chi^2(3) = 8.25, P < 0.05$). In addition, t-tests comparing the PTSD and non-PTSD groups showed significant differences in 3 out of 5 AQ sub-scales: social skill ($t(37) = -2.12; P < 0.05$), attention switching ($t(37) = -2.09; P < 0.05$) and communication ($t(37) = -2.80; P < 0.01$). Thus, higher AQ scores were reported by those in the PTSD group.

Conclusions ASD may serve as a significant risk factor for post-traumatic symptomatology. The associations between these two conditions may be mediated by a variety of potential shared vulnerabilities, including increased rumination, dysregulated emotion and impaired social cognition. Further research is needed in order to explore these mechanisms, as well as to assess co-morbidity in clinical samples of both ASD and PTSD.

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

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EW0096

Diet and physical activity intervention effectiveness in acute mental patients, during hospitalization: A matched case-control study

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Introduction Diet and physical activity interventions are effective in psychiatric outpatients that suffer from obesity, namely those treated with antipsychotic drugs. However, there is less evidence related to these interventions in hospitalised acute patients.

Aim To evaluate the effect of a diet and physical activity program on weight and BMI variation in acute psychiatric patients during hospitalisation.

Methods Matched case-control study from January to September 2016. Inclusion criteria: patients with at least 15 days of hospitali-

sation in an acute psychiatry ward, evaluated by a nutritionist in the admission and medical discharge. The intervention consisted in a diet and physical activity program, with total restriction to visitors to bring food to the patients. Statistical analysis was done with T-student and multiple linear regression taking into account the effect of age, sex, daily dose of antipsychotics, and days of hospitalisation. **Results** Sixty-six patients were studied (34 cases and 32 controls). Groups were statistically similar concerning the average of age, daily dose of antipsychotics, days of hospitalisation and sex. The differences of weight gain during hospitalisation were 0.088 kg (cases) versus 1484 kg (controls), $P < 0.05$. And the differences of the increased BMI during the hospitalisation were 0.041 kg/m² (cases) versus 0.509 kg/m² (controls), $P < 0.05$.

Conclusions Obesity presents challenging health problems for individuals with severe mental illness that require inpatient treatment. This study provides evidence that individuals with acute mental illness can benefit from weight control interventions during their hospitalisation, in special a total restriction to visitors to bring food to the patients.

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

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EW0097

Update and revision of the RANZCP clinical practice guidelines for mood disorders

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In 2015, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) published its new Clinical Practice Guidelines (CPGs) for Mood Disorders. The Mood Disorder CPG focuses on 'real world' clinical management of depressive and bipolar disorders, addressing mood disorders as a whole to recognise the overlap between distinct diagnoses and changes in diagnoses along the mood disorder spectrum. This presentation will provide an overview of the process and methodology used in the development of the guidelines, as well as the key principles established in the new CPG for the assessment and management of depressive and bipolar disorders.

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

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EW0098

Psychiatry's and psychiatrists' contract with society

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Introduction The World Psychiatric Association (WPA) is a worldwide association of national psychiatric associations, aiming to increase knowledge and skills necessary for work in the field of mental health and care of the mentally ill. It was suggested that Psychiatry's relationship with society should be seen as a contract [1]. This implicit understanding usually specifies the scope, principles, quality and outcome of this agreement. It also implies a series of reciprocal rights and duties, privileges and obligations, as well as expectations from both sides.

Aim To investigate the extent of existing social contracting of WPA Member Associations (MAs) and WPA structures regarding:

- communities they serve;
- general public;
- medical institutions;

- other practitioner groups in the multidisciplinary team;
- administrations, managers and funders.

Objectives Include to describe the current scope of psychiatric practice across WPA regions and the content of existing social contracts.

Methods A mixed-methods, explorative, descriptive, theory generating inquiry, with different phases, including a systematic review of literature and WPA documentation, electronic questionnaires to MAs and focus group discussions with WPA ZS chairs/representatives.

Results MA profiles and progress indicators were identified and summarised. A transcription of group discussions was made, while pertaining documents, questionnaires and in depth/focus group interview content was analysed.

Conclusions This presentation will report on progress with this study to date.

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

Reference

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e-Poster walk: Depression–part 1

EW0099

Effect of electroconvulsive therapy on serum serotonin level in patients with treatment-Resistant major depressive disorder

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Background This study aimed to determine the effect of Electroconvulsive Therapy (ECT) on serum serotonin level of patients with major depressive disorder (MDD).

Methods In this experimental study, 36 patients (age: 20–65 years old) with MDD were allocated to ECT group ($n = 21$) and non-ECT group ($n = 15$). Serum serotonin level of the ECT group was measured before ECT, 15 minutes and two, six, and 24 hours after the first session, and 24 hours and 30 days after the last ECT session. Measurements were performed at the time of admission and one month after hospitalisation in the non-ECT group. Data analysed with t-tests, repeated measures analysis of variance by SPSS16.

Results The mean serotonin levels of the two groups were significantly different 24 hours and 30 days after the last session of ECT ($P = 0.048$ and $P = 0.04$, respectively). The difference of mean serotonin levels in the ECT group before & 15 min after ECT ($P = 0.044$) before & 6 hour after ECT ($P = 0.015$), before & 24 hour after ECT ($P = 0.007$), before & 24 hour after last ECT (0.002) was meaningful.

Conclusion Altogether, our results showed that serum serotonin levels significantly increase following ECT in MDD patients.

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

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