

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.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.856>

EV0527

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

B. Mata Saenz*, L. Nuevo Fernández, L.M. Asensio Aguerri, L. Beato Fernández, T. Rodríguez Cano
Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

* Corresponding author.

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).

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.857>

EV0528

Analysis of geographical distribution of referrals to psychiatry from primary care

B. Mata Saenz*, V. Muñoz Martínez, L. Nuevo Fernández, E. Lopez Lavela, L.M. Asensio Aguerri
Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

* Corresponding author.

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.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.858>

EV0529

Identification of major depressive disorder among the long-term unemployed

K. Nurmela^{1,*}, A. Mattila², V. Heikkinen³, J. Uitti⁴, A. Ylinen⁵, P. Virtanen¹

¹ University of Tampere, School of Social Sciences and Humanities, University of Tampere, Finland

² Tampere University Hospital, Department of Adult Psychiatry, Tampere, Finland

³ Tampere University Hospital, Department of Neurosciences and Rehabilitation, Tampere, Finland

⁴ University of Tampere, School of Medicine, University of Tampere, Finland

⁵ University of Helsinki, Department of Neurological Sciences, Helsinki, Finland

* Corresponding author.

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

be developed with respect to sensitivity to detect signs of depression among long-term unemployed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.859>

EV0530

Who's lost in waiting?

P. Ossola^{1,2}, N. Jovanovic³, H. McColl², V. Giordano²,  CrossMark

C. Johnston Webber², M. Steel², N. Ramjaun², O. Andlauer^{2,*}

¹ University of Parma, Psychiatry Unit- Department of Neuroscience, Parma, Italy

² East London NHS Foundation Trust, Early Intervention City and Hackney, London, United Kingdom

³ Queen Mary University of London, The Barts and London School of Medicine and Dentistry, London, United Kingdom

* Corresponding author.

Introduction Early intervention services (EIS) can significantly reduce the rate of relapse, risk of suicide and number of hospital admissions for people with first episode of psychosis (FEP). However, care pathways in FEP can be complex, thus extending the period before patients commence appropriate treatment. Recently in the UK, guidelines have set a limit of two-weeks before patients with a FEP receive treatment at EIS.

Objectives We explored the impact of this new policy on referrals to an EIS in the area City and Hackney, London, which has one of the highest incidence of psychosis in the UK.

Methods Referrals from 6 months of 2015 have been compared with the data from the same period of 2016, once the waiting standard had been implemented.

Results We observed more than a two-fold increase in the monthly number of referrals (9.4 in 2015; 20 in 2016) and this wasn't due to a rise of inappropriate referrals (2.23% in 2015; 1.53% in 2016). Moreover the number of referrals doubled further when, in addition, the City & Hackney EIS went from a 18–35-year-service to an "ageless" adult service.

Conclusion The recent focus on FEP in the UK might have increased awareness and reduced stigma, leading to the increment in referrals. Also, shortening the waiting time made the service more accessible for those that would have gave up in front of a longer waiting list. Interestingly enough a peak in the number of referrals has been observed from September 2016 when another standard was implemented.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.860>

EV0531

Social stigma in severe mental illness in Tunisia: Clinical and socio-demographic correlates

U. Ouali*, R. Jomli, R. Nefzi, H. Ouertani, F. Nacef

Razi Hospital, Psychiatry A, Mannouba, Tunisia

* Corresponding author.

Introduction Mental patients generally internalize some of the negative conceptions about how most people view them: they might be considered incompetent or untrustworthy or believe that people would not want to hire, or marry someone with mental illness. A lot of research on stigma has been conducted in western countries; however, little is still known on the situation in Arab-Muslim societies.

Objectives To evaluate social stigma as viewed by patients suffering from severe mental illness (SMI)

Methods This is a cross-sectional study on clinically stabilized patients with schizophrenia and Bipolar Disorder (BD) according to DSM IV, who were interviewed in our out-patients clinic with

the help of a semi-structured questionnaire, containing 8 opinions on the social inclusion and stigmatization of psychiatric patients, with special reference to the local cultural context (e.g.: "It is better to hide mental illness in order to preserve the reputation of my family")

Results We included 104 patients, 51% with schizophrenia and 49% with BD. Mean age was 38.4 years (18–74 years); 59.6% were males. Overall social stigma scores were high. Social stigma in patients was correlated with gender, age, place of residence and diagnosis. Patients with BD showed significantly less social stigma than patients with schizophrenia.

Conclusion Our results show the need for a better understanding of this phenomenon in patients with SMI, but also within Tunisian society, in order to elaborate anti stigma strategies adapted to the local context.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.861>

EV0532

Prevalence of tobacco smoking among school teachers in Greece

A. Liozidou¹, M. Fragkoulakis², G. Papazisis^{3,*}, A. Tzortzi⁴, P. Behrakis⁵

¹ Biomedical Research Foundation Academy of Athens, National School of Public Health, Experimental Surgery, Athens, Greece

² Ludwig-Maximilians University, Department of Statistics, Munich, Germany

³ Aristotle University of Thessaloniki, Department of Pharmacology, Thessaloniki, Greece

⁴ Hellenic Cancer Society, Institute of Public Health of The American College of Greece, George D. Behrakis Research Lab, Athens, Greece

⁵ Biomedical Research Foundation of Athens Academy, Hellenic Cancer Society, Institute of Public Health of The American College of Greece, George D. Behrakis Research Lab., Experimental Surgery, Athens, Greece

* Corresponding author.

Abstract

Introduction Teachers serve as models for young people and significantly influence their health behavior.

Aim We were interested in conducting the first epidemiological survey about tobacco smoking among Greek teachers.

Methods A total of 1032 teachers of the two biggest cities of Greece participated in the study. A questionnaire was created to include questions regarding tobacco smoking, history of tobacco use, nicotine dependence as well as health attitudes. Frequencies and relative frequencies were determined for all the questions. Pearson's Chi² and Chi² adjusted tests were used to examine the potential association of current smoking status with gender, age and school level in a statistical significance level of 0.05.

Results Prevalence of current smokers in the sample was 25.6%. Cigarette emerged as the tobacco product of choice reported by 88.3% of the respondents, followed by e-cigarette (5.2%), cigar (2.4%), hookah (2.4%) and pipe (1.7%). The highest prevalence of current smoking was found in the age group of 40–49 years old (46.1%). Current smoking proportion was higher among female (26.0%) than male teachers (24.9%). Intention to quit smoking was reported by 18.1% of the sample.

Conclusions As compared to other countries, teachers in Greece have a moderate percentage regarding tobacco smoking. A concerted effort must be made towards smoking cessation in this population with gender specific interventions. It is of great importance for teachers to act as public health promoters, as performers of tobacco prevention curricula and as leaders in the implementation of school tobacco control policies.