

Table 1

	Schizophrenia	Bipolar disorder
Number	397	69
Gender (% males)	76.1	33.3
Average age (years)	44.02	44.54
Dyslipidemia (%)	29.7	24.6
Diabetes (%)	18.6	7.3
Thyroid dysfunction (%)	11.6	20.3
Relationship	Rural origin-prevalence of diabetes ( $\chi^2=5.862; p<0.05$ ) Age-glycemia ( $r=317; p<0.01$ )	Lithium-thyroid dysfunction ( $\chi^2=14.59; p<0.001$ )

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#### EW643

### The impact of anxiety and depression on academic performance in undergraduate medical students

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**Introduction** Stress associated with medical education, correlated with symptoms of depression and anxiety, has been involved in generating academic performance problems and thus, long-term consequences, such as poor quality of medical care. If anxiety and depression are proved to influence quality of academic achievement, their prevention could lead to better outcomes also in the quality of medical care.

**Objective** The objective of the study was to analyze if anxiety and depression decrease academic performance in first and second year medical students.

**Methods** As a measure of anxiety and depression symptoms we used Zung Self-rating Anxiety score >36, respectively Zung Self-rating Depression Scale score >40, in the periods before the examination session, in the first semester (in no-stress conditions). As a measure of academic performance, we have obtained the average grade at the end of the academic year from 254 of the total population of 356 first and second year medical students. Statistical analyses were carried out with SPSS version 16 (Spearman correlations and logistic regression).

**Results** Academic performance decreases inversely in rapport of anxiety ( $\rho=-0.144, P<0.05$ ) and depression ( $\rho=-0.192, P<0.05$ ) scores in the period before the examination session. Also, depression in this period predicts low levels of academic performance with average grade in the inferior quarter (grades lower than 7.52) particularly in first year students, irrespective of gender ( $\chi^2=8.922, P<0.01, OR=0.928; IC\ 95\%=0.864-0.997$ ).

**Conclusion** These findings suggest the necessity of coming up with prophylactic methods to prevent anxiety and depression

especially in first year medical students, as these prove to be factors that impend academic performance.

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

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### Grief cognitions and cognitive-emotional regulation associated with romantic breakup distress among college students

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**Introduction** Individuals manage differently the experience of a romantic breakup [RB]. These differences may in part be related to the use of different cognitive-emotional regulation strategies [CERS]. Also, global negative beliefs and catastrophic misinterpretations regarding the RB may contribute to the emotional distress (Boelen and Reijntjes, 2009).

**Objectives** To explore the associations between CERS, grief cognitions related to RBs, and depression and suicidal ideation/behaviors in a sample of college students.

**Aims** To conduct regression analyses to predict depression, anxiety, hostility, and suicide behaviors from CERS and grief cognitions (as independent variables).

**Methods** Cross-sectional, self-report data was collected from 359 college students who experienced a RB. The assessments used were: Cognitive-Emotional Regulation Questionnaire- Short Form (Garnefski et al., 2002); the Grief Cognitions Questionnaire adjusted to grief after RBs (Boelen et al., 2003); the subscales of Depression, Anxiety, and Hostility of the Counseling Center Assessment of Psychological Symptoms-62; and the Suicide Behaviors Questionnaire-Revised, Osman et al., 2001).

**Results** Past suicide thoughts or attempts were predicted by Other-Blame; self-reported likelihood of future suicide attempt was predicted by Self-Blame, Other-Blame, and Positive Reappraisal, Grief Cognitions-Future, and Grief Cognitions-Appropriateness. Depression was predicted by all cognitive-emotional regulation subscales except Acceptance and Perspective, and by RB grief cognitions (self, future, self-blame, others, and perceived appropriateness of own grief reaction).

**Conclusions** Clinical assessment to evaluate at-risk young adults after RBs could incorporate evaluations of cognitions regarding the RB and self-blaming, appropriateness of one's own grief reaction, and thoughts about the future.

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

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### SOMA Score, cardiovascular risk screening tool for psychiatric patients

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**Introduction** Life expectancy of patients with severe mental illness (SMI) is two decades shorter than that of general population. The most important cause of death are cardiovascular diseases (CVD).

**Objectives** There is a need for CVD risk screening tools development and validation in the context of the Czech Republic.