

The average suicide attempts were 3.08 for patients with addictive behaviors and 2.00 for patients without SUD.

The association between SUD and the number of suicide attempts was not significant ($P=0.375$).

The means of suicide attempts used were drugs in 12% of cases, 3% of cases by phlebotomy, 3% of cases by hanging, 3% of cases by immolation, 2% of cases of organophosphate ingestion, 3% of cases by defenestration, 3% of cases by the precipitation front of a vehicle and 1% of cases by drowning.

Conclusions Co-morbid SUD in individuals with BD is significantly associated with suicide attempts. Individuals with this co-morbidity should be targeted for intensive suicide prevention efforts.

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EV0195

Intellectual developmental disorders, autism, and schizophrenia spectrum: New boundaries in the neurodevelopmental perspective

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Background and aim Recent evidences of clinical overlap, familial co-aggregation, and shared genetic alterations support a neurodevelopmental deviation to represent a probable common vulnerability factor not only for the psychiatric disorders included in the meta-structure of neurodevelopmental disorders, but also for other major psychiatric disorders, including schizophrenia.

The present paper reviews the literature to identify (1) positive and negative implications of the increasing enlargement of the group of neurodevelopmental disorders and (2) most useful clinical aspect for re-defining diagnostic boundaries between syndromic groups.

Methods The search purpose was reached through a systematic mapping of literature.

Results The last years' trend to increasingly enlarge the number of psychiatric features comprised in the autism spectrum should be better evaluated for potential negative impact on research and clinical resources for those autistic syndromes more reliable with Kanner's descriptions or associated with lower personal functioning profiles and different level of ID.

Crucial clinical aspects for the differentiation resulted to be age of onset, interest towards others, main positive symptoms, and anatomical anomalies of the central nervous system.

Conclusions While on one hand the neurodevelopmental perspective might contribute to a better understanding of the multifactorial aetiopathogenetic mechanisms underlying many psychiatric disorders and provide new intervention strategies, on the other hand it might determine a premature abandonment of the traditional nosology and the appearance of very broad spectrum conditions covering all the range of current psychopathology.

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EV0196

One-year changes in psychiatric disorders following bariatric surgery

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Introduction Psychiatric disorders in obese patients range from 20% to 60%, with a lifetime prevalence as high as 70%. Bariatric surgery (BS) is an effective therapy for long-term weight control and ameliorates comorbidities. After BS, psychiatric outcomes are still a matter of controversy. Moreover, while psychosocial pre-surgical evaluation is mandatory, post-operatively psychiatric follow-up programs are lacking. Aim of this prospective study was to examine changes in psychiatric symptoms and weight over 1 year of follow-up among a population of individuals submitted to BS.

Methods One hundred forty eight participants were enrolled, 98 women and 50 men; mean age was 46 (SD = 10.7), and mean BMI was 46 (SD = 7.7). Clinical interview and self-report instruments were administered before and one year after BS. Depressive symptoms were measured using Beck Depression Inventory (BDI), Binge Eating Disorder was measured using Binge Eating Scale (BES).

Results One year after surgery 86% of patients achieved a percentage excess weight loss (%EWL) $\geq 40\%$. Rate of psychiatric comorbidities declined from 41% at pre-surgery to 12% at 1 year post-surgery, $P=0.01$. BDI mean score declined from 12 to 8, $P>0.000$. After BS, binge eating, depressive symptoms, and age were independent and significant predictors of %EWL ($F_{6,523} = 79.599$, $P < 0.0001$, $adjR^2 = 0.471$).

Conclusions We reported an improvement of psychiatric symptoms through 1 year after BS. Post surgical binge eating disorder and depression were associated with less weight loss after surgery, adding to the literature suggesting that psychiatric disorder after surgery, unlike pre-surgery, are related to suboptimal weight loss.

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EV0197

Improving dual diagnosis care in acute psychiatric inpatient settings through education

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Background Patients with co-existing substance use and mental disorder (dual diagnosis) have complex and challenging care needs. Acute psychiatric care settings play a vital role in providing services for patients with dual diagnosis as they often do not voluntarily seek treatment. This is significant in that recent data reveals that 57% of the psychiatric inpatients at an inner city hospital in Vancouver, Canada are characterized as dual diagnosis.

Purpose To develop an educational module which will equip nurses/practitioners with the skills and knowledge required to deliver evidence-based dual diagnosis care in acute psychiatric settings.

Methods A survey of 74 nurses working in acute psychiatric settings was completed to identify their learning needs and challenges. This was followed by a comprehensive review of evidence from literature to identify competencies, knowledge and skills needed to deliver dual diagnosis care. Content for the educational module was then validated by a panel of leading international experts on dual diagnosis. Two focus groups of acute psychiatric nurses were then

conducted to discuss content. An 8 hour educational session was then developed and piloted using the content that was reviewed and validated.

Results Thirteen content areas were identified and validated by experts. Evaluations from participants of the educational session suggest improved knowledge, skills and competencies in dual diagnosis care.

Conclusions This project translates evidence into practice, contributes to the body of knowledge on dual diagnosis care and improves practitioners' confidence and competency in delivering evidence-based care which also will improve patient care outcomes and experiences.

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EV0198

QTc Interval in psychiatric inpatients: A retrospective study

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Introduction Several psychotropic medications (i.e. antipsychotics, antidepressants) have been recently associated with QTc prolongation. Despite literature data report only mild prolongation of QTc following the use of antidepressants or typical antipsychotics, post-marketing studies have clearly evidenced an increased risk of QTc prolongation and potentially lethal arrhythmias (i.e. torsade de pointes) in psychiatric patients.

Objectives We aimed to evaluate the prevalence of prolonged QTc and to identify potential predictors influencing QTc in a psychiatric inpatient population.

Methods Medical records of 200 patients admitted to our psychiatric ward between 2007 and 2012 were retrospectively reviewed.

Results Prevalence of prolonged QTc at admission was very low (0.1%). No significant differences in QTc interval were observed between patients taking or not antipsychotics ($P=0.66$), mood stabilizers ($P=0.36$), or antidepressants ($P=0.07$). A statistically significant difference was observed between patients on depot formulation and patients who were taking oral antipsychotic ($P=0.02$). However, the pharmaceutical class of the medications appeared not significant.

Conclusions We observed a very low rate of QTc prolongation in psychiatric inpatients at admission. Surprisingly we did not find a significant effect of specific medications; however, in our sample intramuscular formulation was associated with lower QTc interval.

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

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EV0199

Attention deficiency hyperactivity disorder and Internet addiction comorbidity: A case report

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Introduction Internet addiction is a serious problem especially for children and adolescents. It is described by an individual's inability to control the Internet, which causes distress and functional

impairment. Internet addiction symptoms can be Internet surfing, computer gaming, chatting and gambling by using Internet. Previous studies regarding Internet addiction can interfere with some psychiatric disorders; such as bipolar disorder, depression, anxiety or attention deficiency disorder (ADHD). Some researchers emphasized that psychiatric disorders and Internet addiction can be seen together and excessive use of the Internet has been associated with attention deficit hyperactivity disorder.

Case 19 years old male patient discussed in this paper who was admitted to our psychiatric service for the first time in his life, complaining about uncontrollable use of internet. He spent time more than 10 hours/day. His family finally opposed and took his computer from him, just before he got depressive symptoms. We diagnosed him ADHD by using psychometric tests and psychiatric evaluations. After medical therapy and psychotherapy, we discussed changes his psychiatric situations and symptoms.

Discussion This case emphasized possible relationship between Internet addiction and symptoms of ADHD.

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

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EV0200

Cancer incidence in young and middle-aged people with schizophrenia: Nationwide cohort study in Taiwan, 2000–2010

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Aims The relationship between cancer and schizophrenia requires re-examination. We investigated the cancer risk among young and middle-aged patients with schizophrenia.

Methods Records of newly admitted patients with schizophrenia ($n=32,731$) from January 2000 through December 2008 were retrieved from the Psychiatric Inpatient Medical Claims database in Taiwan, and the first psychiatric admission of each patient during the same period was defined as the baseline. Five hundred and fourteen incident cancer cases were identified and standardized incidence ratios (SIRs) were calculated to compare the risk of cancer between those with schizophrenia and the general population. Stratified analyses of cancer incidences were performed by gender, site of cancers, and duration since baseline.

Results The incidence of cancer for all sites was slightly higher than that of the general population for the period (SIR=1.15 [95% CI 1.06–1.26], $P=0.01$). Men had a significantly higher incidence of colorectal cancer (SIR=1.48 [95% CI 1.06–2.06], $P=0.019$). Women had a higher incidence of breast cancer (SIR=1.47 [95% CI 1.22–1.78], $P<.001$). Intriguingly, the risk for colorectal cancer was more pronounced 5 years after the first psychiatric admission rather than earlier (SIR=1.94 [1.36–2.75], $P<.001$), and so was the risk for breast cancer (SIR=1.85 [1.38–2.48], $P<.001$). The cancer incidence was higher in schizophrenic patients contradicting the belief that schizophrenia was protective of cancers.

Conclusions Men and women with schizophrenia were more vulnerable to certain types of cancers, which indicate the need for gender-specific cancer screening programs.

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