

Similarly, the average number of suicide attempts among patients with cannabis addiction was significantly higher than the group without cannabis addiction.

Conclusions Aggressive drug abuse treatment immediately after a first psychiatric hospitalisation might decrease rates of recurrence and new cases of cannabis use disorder in the course of bipolar disorder.

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

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EW0040

The role of micrnas in regulating redox modulation in bipolar disorder

H. Kim^{1,*}, K. Tyryshkin¹, N. Elmi¹, V. Oliviera², A. Andreazza³, H. Feilotter¹

¹ Queen's University, Pathology and Molecular medicine, Kingston, Canada

² University of Toronto, Department of Psychiatry, Toronto, Canada

³ University of Toronto, Departments of Pharmacology and Psychiatry, Toronto, Canada

* Corresponding author.

Introduction Alterations in redox modulation are consistently reported in bipolar disorder (BD). MicroRNAs are targeted regulators of gene expression.

Objectives and aims We aimed to examine if microRNAs that target redox modulators can discriminate between BD and healthy controls.

Methods Data from brains of individuals with and without BD were obtained from Array Collection datasets. MicroRNAs targeting redox modulators were assessed for their ability to discriminate BD from the control group using machine-learning algorithms. Methylation of microRNAs, expression of their transcription factors and redox targets were assessed with ANCOVA with FDR correction. For validation, we acquired plasma samples belonging to 2 families of individuals with and without BD ($n=9$). Plasma microRNAs were sequenced using the Ion Total RNA Sequencing Kit (Thermo Fisher Scientific), and microRNAs identified from the in silico analysis were examined in the validation dataset.

Results We identified 5 miRNAs (hsa-miR-299, hsa-miR-125a, hsa-miR-145, hsa-miR-30b, hsa-miR424) that were common in two of the four in silico datasets. Target genes glutathione peroxidase 4, ATP5A1, ATP5G1, NDUFS1, NDUFC2, and catalase were expressed at different levels between BD and the control group. Furthermore, our results showed that transcription factors CTCF and USF1 might control the expression of hsa-miR-145, while methylation differences were not found. Finally, hsa-miR-30b was significantly increased in the plasma of patients with BD compared to controls in the validation experiment.

Conclusions Our study demonstrates that microRNAs may have an important role in the initiation of redox changes in BD.

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EW0041

Co-morbid obsessive-compulsive disorder and bipolar disorder in highly endogamous population: Which came first?

A. Bener

Istanbul University, Biostatistics and Public Health, Istanbul, Turkey

The aim of this study was to determine the prevalence of co-morbidity with obsessive-compulsive disorder (OCD) among bipolar disorder (BD) patients in order to assess the impact of

OCD on the socio-demographic and clinical features of patients in a highly endogamous population. A cohort study was carried out on 396 patients enrolled between November 2011 to October 2013. We employed the WHO Composite International Diagnostic Interview (WHO-CIDI) and Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition-IV/Clinical Version for diagnoses, the Yale-Brown Obsessive Compulsive Scale Symptom Checklist for scoring OCD. Patients were grouped in BD patients with OCD (BD-OCD) and BD patients without OCD.

Groups were compared for socio-demographic and clinical variables. There were no significant differences for age, gender, BMI, and marital status, between BD patients with and without OCD. We found significant differences in level of education ($P=0.022$), occupation status ($P=0.025$), household income, ($P=0.049$), cigarette smoking ($P=0.038$), sheesha smoking ($P=0.007$), and prevalence of consanguinity ($P=0.036$) among these groups. Number of hospitalizations and Young Mania Rating Scale score were not different among BD patients with or without OCD whereas there were significant differences in Hamilton-Depression score, Clinical Global Impression-BD Score, duration of illnesses, and Global Assessment of Functioning (GAF). Also specific phobia, somatization, depression, mania, any mood disorder, oppositional defiant disorder, ADHD and personality disorder were more common in BD than OCD-BD group. This study confirms that BD-OCD is a common comorbidity, largely under-recognized in clinical practice, which may significantly change BD presentation and outcome.

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

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EW0042

A comparison between manic patients with or without antipsychotic continuation treatment: Data from a 12-months follow-up study at mood disorder unit of San Raffaele-Turro hospital

S. Brioschi^{1,*}, D. Delmonte¹, C. Locatelli¹, L. Franchini¹, B. Barbini¹, C. Colombo²

¹ IRCCS San Raffaele-Turro, Division of Neuroscience, Milano, Italy

² Vita-Salute University, San Raffaele Hospital, Division of Neuroscience, Milano, Italy

* Corresponding author.

Introduction Several studies suggest that in severe bipolars there is a long-term benefit in continuing antipsychotic therapy plus a mood stabilizer also after remission from a manic episode. Nevertheless, the long-term use of antipsychotics is associated with significant side effects which can interfere with patient global functioning. In this sense, antipsychotics should not be continued unless the benefits outweigh the risks.

Objectives The present study describes the course of illness between bipolar patients remitted from a manic episode, in continuation treatment with or without antipsychotic therapy during a 12-months follow-up period.

Methods Cinquante-six bipolars (22 male and 44 female) remitted (Young < 12) from a severe manic episode were observed during a 12-months follow-up. According to clinical judge, as continuation treatment, 21/56 (37.5%) took antipsychotic plus mood stabilizer (AP+MS); 35/56 (62.5%) took mood stabilizers monotherapy (MS). During follow-up period YMRS and HAM-D were administered at 6th and 12th month to verify remission.

Results At the end of follow-up up, 33/56 patients (58.9%) maintained remission, 23/56 (41.1%) relapsed (56.5% depressive, 31.4% manic). The greater number of relapses occurred within 6th month: 16/56 (28.8%). In AP+MS group 12/21 patients relapsed (57.14%); in

MS group 11/35 patients relapsed (31.4%). No statistical difference between the two continuation treatment strategies was observed (Chi-square = 3.586; $P = 0.06$).

Conclusions Our data confirm the efficacy of mood stabilizers monotherapy in long-term treatment of our severe (psychotic features, revolving-doors) bipolar patients. In fact, once the remission was obtained, the clinical choice of discontinuing antipsychotic therapy did not worsen the course of illness without a higher risk of relapse.

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

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e-Poster walk: Child and adolescent psychiatry—part 1

EW0043

A psychometric evaluation of the Parents as Social Context Questionnaire (PASCQ), Swedish version

R. Addo*, C. Åslund, K. Nilsson

Landstinget Västmanland, Centre for Clinical Research Västerås, Västerås, Sweden

* Corresponding author.

To understand parent and child relations researchers have used three bipolar dimensions (warmth and rejection, structure and chaos, autonomy support, and coercion). These dimensions are not necessarily bipolar but could work as unipolar dimensions. The Parents as Social Context Questionnaire (PASCQ) has been used in parenting studies but needs to be further investigated in different populations to ensure the validity and reliability of the scale. The present study explored the structures of and provided evidence regarding validity and reliability of the PASCQ. This study aimed to examine whether the Swedish version of the PASCQ is a reliable questionnaire when measuring the six dimension of parenting. The participants consisted of 1634 adolescents (58.6% females) born in 1997 (52%) and 1999. Factor analyses were conducted to investigate whether the Swedish scale generated six dimensions. Regression analyses were conducted to measure the different factors and spearman correlations between dimensions were conducted. The analysis indicates that the PASCQ consists of five dimensions, however rejection (negative) and warmth (positive) loaded on the same dimension and are referred to as two separate factors, making the questionnaire consistent of six dimensions. All items had a factor score >0.4 and loaded in a coherent manner. Therefore, the PASCQ can be used to assess six dimensions of parenting styles. The PASCQ Swedish version can be used as a measure of parenting styles in a Swedish population. Further research is necessary to evaluate the validity and reliability in other samples as well.

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EW0044

Childhood sexual abuse among new psychiatric outpatients in a city in Northern Alberta—prevalence rate and demographic/clinical predictors

V. Agyapong^{1,*}, M. Juhás¹, A. Ritchie², O. Ogunsina³, L. Ambrosano³, S. Corbett³

¹ University of Alberta, Department of Psychiatry, Edmonton, Canada

² Northern Lights Regional Health Centre, Intensive Care Unit, Fort McMurray, Canada

³ Northern Lights Regional Health Centre, Department of Psychiatry, Fort McMurray, Canada

* Corresponding author.

Child sexual abuse (CSA) is a major global health problem with serious adverse effects at later ages. Our paper examines the prevalence rates and the demographic and clinical predictors of CSA among adult psychiatric outpatients. A data assessment tool was used to compile information on the demographic and clinical characteristics of all new patients assessed in four psychiatric outpatient clinics between 1st January 2014 and 31st December 2015. The 12-month prevalence rate for CSA among new psychiatric outpatients in Fort McMurray was 20.7% (10.7% for males and 26.9% in females). With an odds ratio for sex of 3.30 (CI = 2.06–5.29), female patients are about three times more likely to report a history of CSA compared to male patients when controlling for other factors. Similarly patients with at most high school education (OR = 1.8, CI = 1.145–2.871) and those with previous contact with psychiatric services (OR = 1.7, CI = 1.124–2.616) were about two times more likely to report a history of CSA compared to the patients with college/university education or those with no previous contact with psychiatric services respectively. Similarly, patients with histories of substance abuse (OR = 1.5, CI = 1.179–2.642) and patients with family histories of mental illness (OR = 1.8, CI = 1.032–2.308) had higher likelihoods of reporting histories of CSA compared to patients without histories of substance abuse or family histories of mental illness respectively. Our findings suggest that victims of CSA are an at-risk population in need of ongoing mental health and educational support.

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EW0045

Burden for caregivers of children with attention-deficit/hyperactivity disorder in Oman

N. Al Balushi^{1,*}, M. Al Shukaili², S. Al Adawi³

¹ Sultan Qaboos University, Psychiatry, Barka, Oman

² Ministry of health, child and adolescent psychiatry, Muscat, Oman

³ Sultan Qaboos University, psychology, Muscat, Oman

* Corresponding author.

Introduction Nurturing children with neurodevelopmental disorders such as ADHD is associated with psychological burden to the caregivers. Oman has a pyramidal population structure with the bulk of the population are in the pediatric age group. Previous studies have indicated that ADHD is common in Oman.

Objectives To measure level of burden of care among caregivers of children with ADHD and the relationship between the degree of burden, subtypes of ADHD and socio-demographic factors.

Methods A cross sectional study conducted in a tertiary hospital in Oman. Arabic-version of the Zarit Burden Interview (ZBI) was used to evaluate the level of burden among the caregivers. The severity and subtypes of ADHD were quantified using Vanderbilt ADHD Parent/Teacher Rating Scale. Socio-demographic background and clinical data were gathered from medical records.

Results The study included caregivers of 100 children with ADHD. The mean ZBI score was significantly high for the parents of children with ADHD. As for the relationship with socio-demographic background, mothers of children with ADHD reported a higher mean ZBI score compared to fathers. Factors such as income, number of siblings, and severity/subtypes of ADHD played significant roles.

Conclusion To our knowledge, this is the first study of Arab/Islamic population exploring the burden of care for children