

of additional use of the clarifying designation “synthetic cannabinoids/spice” at reference of patients using synthetic cannabinoids to the section of ICD-10 F12 “Mental and behavioural disorders due to use of cannabinoids” the agenda of clinicians.

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EW0277

Adverse childhood experiences, personality disorders and addiction: Which relationship?

F. Cerrato^{1,*}, G. Aluisio¹, P. Casadio², G. Di Girolamo¹, S. Valente¹, D. De Ronchi¹, A.R. Atti¹

¹ Psychiatry, Department of Biomedical and Neuromotor Sciences-Psychiatry, Bologna, Italy

² AUSL Romagna, Pathological Addiction Department, Faenza, Italy

* Corresponding author.

Introduction Stressful or traumatic events occurred during childhood do have a role in the genesis of personality disorders. Less is known about this remarkable association in people with addictive behaviors.

Aims This study aims to disentangle the relationship between childhood adverse experiences, personality disorders (PDs) and substance use disorders (SUDs).

Methods A cross-sectional naturalistic study of 320 consecutive SUDs outpatients attending an Italian addiction service. Participants were clinically evaluated by a semi-structured interview, the SCID-II (Structured Clinical Interview for DSM-IV Axis II PD), and the CECA-Q (Childhood Experience of Care and Abuse-questionnaire). Multivariate logistic regression analyses were used to estimate odds ratio (OR) and 95% confidence intervals (95% CI)

Results The prevalence rate of PDs in our sample of patients is 62.2%. PDs were associated with a history of physical punishment in childhood (OR = 1.82; CI 95%: 1.05–3.16; $P = 0.034$). Being exposed to three adverse events increases the risk of Cluster B PD (OR = 5.92; CI 95%: 2.21–15.92; $P < 0.001$). Heroin addiction increases the risk of Cluster B PD, both as previous (OR = 2.93; CI 95%: 1.49–5.75; $P = 0.003$) or current (OR = 4.34; CI 95%: 1.97–11.8; $P = 0.004$) consumption. Childhood institutionalization increases the probability of cluster B PD (OR: 2.15; CI 95%: 1.02–4.54; $P = 0.041$). Whereas being employed reduces the probability of both PDs and SUDs (OR = 0.54; CI 95%: 0.31–0.93; $P = 0.027$).

Conclusions PDs occurred in 62% of patients and were related to adverse childhood experiences and SUDs having detrimental effects on both social and occupational functioning. Being employed could be a protective factor on the development of PDs.

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EW0278

The prevalence and correlates of depression awareness in patients with alcohol use disorder

C. Charnsil*, R. Aroonrattanapong

ChiangMai University, Psychiatry, Chiang Mai, Thailand

* Corresponding author.

Introduction Alcoholic use disorder is a big problem in every country. It is the leading factor causing high disability-adjusted life year (DALYs). The National Institute of Mental Health Epidemiology Catchment Area found that 37% of people with alcoholic use disorder had comorbid along with psychiatric disorder especially depression. In order to successfully treat patients with alcoholic use disorder, we have to treat their comorbidity along as well.

Aim To examine the prevalence and correlation of depression awareness in patients with alcoholic use disorder.

Methods Inpatients and outpatients who were diagnosed with alcoholic use disorder and alcohol dependence were invited to participate in this research. Subjects who had any history of depressive disorder treatment before were excluded. The awareness of depression was determined by the Illness Perception Questionnaire-Revised, IPQ-R. Depressive disorder was determined by the Thai version of the nine-item Patient Health Questionnaire (PHQ-9).

Results Ninety subjects with alcoholic use disorder agreed to join this research. Twenty-nine of the 90 (32.2%) had depression due to the PHQ-9 scale. Twenty-three were aware that they had depression and that was related to alcohol use. Using the logistic regression analysis, there were no significant factors related to this awareness.

Conclusion There is high prevalence of depression in patients with alcoholic use disorder and most of them have awareness did not receive treatment for depression.

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EW0279

Metacognitive awareness in cocaine addiction (MACA): Rationale and feasibility of an integrated intervention program

S. Cheli^{1,*}, F. Velicogna², P. Fioravanti³, A. Simeone⁴, C. Enzo², S. Di Natale², V. Cavalletti², M. Taddeo²

¹ University of Florence, School of Human Health Sciences, Florence, Italy

² Tages Charity, Center for Psychology and Health, Florence, Italy

³ Centro di Solidarietà di Firenze, Progetto Conoscenza, Florence, Italy

⁴ Tages Charity, Center for Psychology and Health, Padua, Italy

* Corresponding author.

Introduction Systematic reviews and meta-analyses report low-quality evidence to suggest a significant differential effectiveness between standard psychosocial interventions in reducing substance consumption. They highlight the presence of several types of treatments that usually integrate different approaches in a multimodal manner. CBT-based interventions seem to be the most effective ones in terms of dropouts and relapse prevention, particularly in cocaine addiction.

Objectives We discuss recent advances in experimental and clinical studies on cocaine addiction. We especially try to integrate emerging cognitive neuroscience evidences and results of the meta-analyses of the effectiveness of psychosocial interventions.

Aims The primary aim of this study is to explore the feasibility of a new multimodal intervention for cocaine addiction, namely MACA (Metacognitive Awareness in Cocaine Addiction). Secondary aims are to discuss: (i) rationale of integrating different approaches; (ii) preliminary results of a previous pilot-study; (iii) feasibility of present study using the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework.

Methods We describe and evaluate our model that comprises: – an individual short intervention based on dilemma-focused therapy; – a psycho-educational group based on standard CBT treatments; – a relapse-prevention group based on mindfulness protocols for addiction; – a follow-up online self-administered course and automatic personalized feedback.

Results Existing literature seems to support the need for new integrated programs. RE-AIM feasibility analysis shows promising results in integrating the proposed approaches in terms of symptoms reduction, relapse prevention and cost-benefit ratio.

Conclusions Preliminary evidence supports potential for the MACA program in treating cocaine addiction. The research design of a wait-list controlled trial with pre- and post-treatment assessment is discussed.

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EW0280

Evaluation of the use of psychoactive substances among patients admitted to a cardiology intensive care unit: Prevalence and prevention

C. Chevallier^{1,*}, A. Batisse¹, B. Merat², J.G. Dillinger², E. Bourgoigne³, H. Gourlain³, M. Marillier¹, P. Henry², O. Laprevote³, D. Samira¹

¹ GH Lariboisière-Fernand Widal, CEIP, Paris, France

² GH Lariboisière-Fernand Widal, Intensive Care Unit of Cardiology, Paris, France

³ GH Lariboisière-Fernand Widal, Toxicology laboratory, Paris, France
* Corresponding author.

Introduction Addiction to psychoactive substances (PAS) can lead to cardiovascular complications. Cardiotoxicity of drugs is known but it is rarely documented by toxicology.

Objectives We conducted a prevalence study on PAS use among patients with cardiac symptoms, with an analysis of diagnosis and a description of PAS user's characteristics.

Aims To improve the therapeutic management in addictology for cardiac patients.

Methods Prospective observational study performed during 3 months. Patients admitted in cardiology had to complete a hetero-questionnaire about his PAS consumption and a qualitative toxicological research in urine and/or blood (immunochemical/GC–MS detection).

Results One hundred and sixty-one patients were included: 86% men, aged 24–68 years (Table 1). Results show a high level of PAS use in our population: 8.7%. A significant PAS use is observed among patients aged 40–70 years, with a prevalence of 22% for the 40–49, 15% for the 50–59 and 7% for the 60–69. PAS detected were mainly cannabis and cocaine. Clinical diagnoses of patients positive to PAS were acute coronary syndromes and severe cardiac arrhythmias.

Conclusions In patients admitted in cardiology, toxicological screening is rarely done. Our study shows a significant PAS use among patients aged 40–70 years. According to data of the French Health Barometer, there is regular use of cannabis and cocaine at respectively 3% and 1.1% among people aged 18–64. These results invite us to achieve a more systematic identification of PAS use among patients with cardiovascular disorders and to optimize the therapeutic management by a systematic orientation in addictology.

Table 1 Patients characteristics.

Data about patients	Total sample (N / %)	PAS positive (N / %)	PAS negative (N / %)	p-value
PATIENTS	161 (100%)	14 (8.7%)	147 (91.3%)	
Male	111 (69%)	12 (86%)	99 (87%)	p=0.17
Median age	64	50	65.4	p=0.0004
Current smoker	54 (34%)	11 (79%)	43 (29%)	p=0.0005
Cardiovascular risk factors (at least 1)	121 (75%)	9 (64%)	112 (76%)	P=0.50
Past cardiovascular history	70 (43%)	5 (36%)	65 (44%)	p=0.77
Neither past cardiovascular history, nor risk factors	33 (20%)	5 (36%)	28 (19%)	p=0.25
Previous substance use disorders	21 (13%)	5 (36%)	16 (11%)	p=0.03
Admission for acute coronary syndrome	71 (44%)	8 (57%)	63 (43%)	p=0.47

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EW0281

Role of co-occurring alcohol and substances abuse on QTc interval prolongation among psychiatric patients: A cross-sectional national survey

M. Corbo^{1,*}, T. Acciavatti¹, F. Fiori¹, R. Santacroce¹, A. Aguglia², F. Bartoli³, S. Calò⁴, M. Ribolsi⁵, Y. Barone⁵, F. Pinna⁶, M. Stilo⁷, P. Staffa⁷, M. Caroleo⁷, S. Ruberto⁷, M.S. Signorelli⁸, F. Suraniti⁸, D. Quattrone⁹, C. Reggianini¹⁰, E. Carra¹⁰, E. Gazzoletti¹¹, O. Campese¹, M. Castellazzi¹², G. Ostuzzi¹³, I. Bighelli¹², M. Nosè¹², C. Barbui¹², G. Martinotti¹

¹ University "G. D'Annunzio" Chieti, Neuroscienze, Imaging e Scienze Cliniche, Chieti, Italy

² University of Turin, Department of Neuroscience Rita Levi Montalcini, Turin, Italy

³ University of Milano Bicocca, Department of Surgery and Interdisciplinary Medicine, Milan, Italy

⁴ Azienda Sanitaria Locale Lecce, Dipartimento di Salute Mentale, Lecce, Italy

⁵ Università degli Studi di Roma Tor Vergata, Clinica Psichiatrica, Dipartimento di Medicina dei Sistemi, Roma, Italy

⁶ University of Cagliari, Department of Public Health, Clinical and Molecular Medicine, Unit of Psychiatry, Cagliari, Italy

⁷ Università degli Studi Magna Graecia, Unità Operativa Psichiatra, Dipartimento di Scienze della Salute, Catanzaro, Italy

⁸ Università degli Studi di Catania, Clinica Psichiatrica, Dipartimento di Medicina Clinica e Sperimentale, Catania, Italy

⁹ King's College, Institute of Psychiatry, Psychology and Neurosc, London, United Kingdom

¹⁰ Università degli studi di Modena e Reggio Emilia, Dipartimento di medicina diagnostica, clinica e di sanità pubblica, Modena, Italy

¹¹ Università degli studi di Modena e Reggio Emilia, Dipartimento di medicina diagnostica, clinica e di sanità pubbli, Modena, Italy

¹² University of Verona, WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, Section of Psychiatry, Department of Public Health and Community Medicine, Verona, Italy

¹³ University of Verona, WHO Collaborating Centre for Research and Training in Mental Health and Service Evaluation, Section of Psychiatry, Department of Public Health and Community, Verona, Italy

* Corresponding author.

Introduction QTc interval prolongation is considered a risk factor for fatal polymorphic ventricular tachycardia, which can result in sudden cardiac death. Most psychotropic drugs have a dose-dependent potential to prolong the QTc interval. However, other factors require appropriate consideration, including: age; gender; other medications; electrolyte abnormalities; severe comorbid conditions, such as co-occurring alcohol or substances abuse/dependence.

Objectives The objective was to study the potential mediating roles of alcohol/substances abuse on QTc prolongation.

Aims The Italian research group STAR Network, in collaboration with the Young Italian Psychiatrists Association, aimed to evaluate the frequency of QTc interval prolongation in a sample of patients under treatment with psychotropic drugs through a cross-sectional national survey.

Methods A sample of 2411 unselected patients were enrolled after performing an ECG during the recruitment period. Sociodemographic and clinical characteristics were collected from medical records. Collected data underwent statistical analysis.

Results A total of 11.2% of patients reported alcohol abuse, and only 8.9% psychotropic substances. According to the threshold, less than 20% of patients had a borderline value of QTc, and 1% a pathological value. Patients with co-occurring alcohol misuse and drug abuse were more likely to have longer QTc interval.