

explained to why they had been admitted involuntarily. Also, there was a significant difference in AES scores between those who were and were not given an explanation for admission. In addition, psychiatrists more often reported that the involuntary admission worsened the therapeutic relationship which was significantly associated with involuntary admission that was not explained to patients.

Discussion The results of our study shows that patients admitted involuntarily often feel disappointed with staff and mental health system. It could lead to feeling of hopelessness, frustration and low self-esteem. If explained, some patients who present with risk to self might accept voluntary admissions, that will improve therapeutic alliance with psychiatrists and increase satisfaction from hospitalization. Result of this study could improve the decision making process for involuntary admissions.

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EW0651

Genetic counselling in patients with bipolar disorder—ethical challenges

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Background Genetic counselling in psychiatric patients is almost always a challenge on multiple levels of communication, because the mental health specialist is situated between the need to validate the freedom of procreation, and the duty to inform patients about the risk of transmitting their disease to off-springs. Bipolar disorder (BPD) is reputed to be one of the most heritable psychiatric disorder, a factor that complicate even more the ethical situation.

Objectives To assess how psychiatrists and psychologists conducted genetic counseling for patients with BPD and the challenges that mental health professionals consider important when they need to make this type of counseling.

Methods Standardized interviewing of 15 psychiatrists and psychologists who experienced during their clinical practice aspects of genetic counseling in patients with BPD.

Results The most commonly reported problems related to the genetic counseling in bipolar patients were: lack of reliable data on family history (53.3%), amplification of patient stigmatization (46.6%), controversies in the literature on the assessment of the disease risk (40%), difficulties in maintaining a nondirective attitude (33.3%), lack of genetic counseling follow-up (33.3%), disproportionate interest from the partner without mental disorder, when compared to patients, in terms of aspects of genetic counseling (26.6%), alteration of the therapeutic relationship and patients interest in treatment (26.6%).

Conclusions Genetic counseling is a challenge for mental health professionals, who must cope with the lack of reliable data on the pathogenesis of BPD, negative reactions from the patients' partners, patient disinterest or hostility and possible negative effects on the therapeutic relationship.

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EW0652

Psychology feminine holiness

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Feminine holiness is a subject as complex as it is interesting—not least because of the very definition of the term—, in many occasions extraordinary and many others bitter, which has sparked interest throughout history, especially after the progress made on modernity.

Objective The main objective is less to show whether there is a psychiatric, infectious, neurological or any other form of pathological disorder linked to the behaviour of female saints, rather to evaluate all the psychological and social aspects that result in holiness as a mental state being largely a female attribute.

Material and methods For this, we have tested from birth to death, in what is possible, the lives of sixty religious women, through biographies and autobiographies since they were servants, pious or holy according to ecclesiastical terminology. This set was unavoidable to select twelve cases, which are set out exhaustively in this study.

Results and discussion Limiting ourselves to a purely psychiatric view, we can show the presence of psychopathology associated with exceptional states of consciousness, as would be ecstatic and mystical experience itself, present in most cases. We also found common psychological profiles, out of the sixty biographies and autobiographies of religious women analyzed: e.g. pain is used as a means of atonement and a way of removing the guilt of sin. We rule out major psychiatric disorders in the Santas we have analyzed. The behaviors they presented, even sometimes excessive, cannot be included in any of the current major psychiatric disorders.

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EW0653

Mental illness is an inevitable consequence of the singular diversity of human beings

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Nowadays, cosmopolitan populations increasingly applaud the broad physical, ethnic, racial, and cultural diversity of human beings. So long as we behave within sanctioned norms. This presentation will focus upon the above paradox: In contrast to delighting in physical, ethnic and cultural expressions of human diversity, present-day cosmopolitan societies increasingly call for conformity in behavioral and experiential realms. For example, at meetings such as this, we can freely express and celebrate racial, ethnic, and culturally differences, but we must communicate—within remarkably narrow ranges—cordiality, spontaneity, agreeableness, respectful disagreement and tact. And if we cannot?? We propose that the phenomenon of mental illness arises as a consequence of the phenomenon of human diversity coming up against constraints and limitations in mental and behavioral realms. This presentation will focus upon evolutionary, genetic, biological, anthropological, historical and cultural aspects of the primary role that human diversity plays in mental illness. We will discuss the adaptive origins and strengths associated with the extraordinary diversity of humans (and our pets/domestic animals) as well accompanying vulnerabilities. For example, diversity of skin pigmentation has enabled humans to extend across the globe. A consequence however, is enhanced vulnerability to skin cancer for some with fair skin and

vitamin D deficiency for others with dark skin. Psychological diversities can be viewed analogously. The thesis that mental illness is an inevitable consequence of the singular diversity of humanity will be exemplified by disorders such as ADHD, melancholia, schizophrenia and sociopathy.

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EW0654

Probability analysis of compassion: Enhancing compassionate care in psychiatry through mirror neurons

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Introduction The probability that psychiatric care becomes compassionate is higher when individual subjects, groups or organizations utilize mirror neurons to attune with the emotional world of their clients.

Objectives To create an algorithm for compassionate care in mental health by attunement of mirror neurons.

Aims To predict the probability of the occurrence of sympathetic care in mental health.

Methods Naturalistic observation of health care organizations identified the major nodes–agents of the organizational–neural network leading to a compassionate care (events A): individual, group, organization and society. Negative influences on compassionate care are (events B) subjective and collective acts.

Results The probability that compassionate care occurs as a result of a single mediator's action was only 0.167 (16%). The probability that compassion results from training mirror neurons were as follows: Multiple event probability formula:

– probability of event A that occurs $P(A) = 0.667$ (66%) [positive subject + group + organization + society];

– probability of event B that occurs $P(B) = 0.333$ [negative individual and group];

– probability that both the events occur $P(A \cap B) = P(A) \times P(B) = 0.222$ [inhibitory influence];

– probability that either of event occurs $P(A \cup B) = P(A) + P(B) - P(A \cap B) = 0.778$.

Conclusions The probability of organizational compassion (PA) is high when all the agents interact. As compassion is reinforced by mirror neurons, a reduction in the number of people involved in compassionate care also means the final outcome is less likely to appear.

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EW0655

Exact psychiatry: Six axioms

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Psychiatry is a clinical technological practice where the rational fundamentals, methods and knowledge “corpus” have a scientific nature. The science philosopher Mario Bunge proposes that philosophy, as well as science, may tend to be exact. Philosophy of science is the rational setting where any scientific discipline can ascribe sense to its theoretical models and factual sentences. Axiomatization is the method to exactify a discipline. By axiomatization, we can exactify psychiatry as “medicine of the soma”, therefore avoiding fallacies in the theoretical models we use.

Objective To describe six axioms for the definition of “exact psychiatry” as “medicine of the soma”. Six axioms will be defined and explained. They are ordered attending to hierarchical and historical priority:

– axiom of the cultural universal of social cohesion: since the antiquity all cultures have cultural universals which promote social cohesion;

– axiom of healing as a form of “isonomia”: health-related cultural constructs are related with help receiving due to body vulnerability. It appears with Hippocratic medicine;

– axiom of nosological realism: diseases really exist. They are biological regularities that accelerate death. It appears in the 17th century;

– axiom of illness subjectivity: the personal impact of disease is subjective. There exist diseases in patients. It appears in the 20th century;

– axiom of the unification of neuroscience: psychiatry and neurology have the same ontological reference, brain diseases. It consolidates in the 21st century;

– axiom of clinical phenomenology as the epistemological specificity of psychiatry: clinical phenomenology characterizes “soma” as the referring of psychiatry. The future.

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EW0656

Evaluation of a nonsmoking program in psychiatric clinic

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Introduction The work evaluates the nonsmoking program successful experience, carried out between the years of 2008 and 2015 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

Objectives The program has as objectives to evaluate the treatment of tobacco dependence in patients with disorders for the use of substances and other psychiatric disorders and the experience of transforming the therapeutic space of the clinic in a tobacco-free environment, considering that the use of tobacco is responsible for a large number of avoidable deaths and other aggravations to health.

Methods The program achieved the objectives, assessing the promotion of the tobacco abstinence in a large number of patients, through the utilization of pharmacological treatment, cognitive behavioral psychotherapy, occupational therapy, art therapy and moderate physical activity.

Results In a 12-month period, after carrying out the program, 48% of the assessed patients kept in tobacco abstinence.

Conclusions The study showed the percentage of patients who were discharged on tobacco abstinence and the percentage of those who kept abstemious after 12 months, demonstrating that the nonsmoking program is an efficient tool in the tobacco dependence treatment and can be used over a psychiatric hospitalization with promising results.

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EW0657

Akathisia: Prevalence and risk factors in patients with psychosis and bipolar disorder

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