

apeutic intensity in order to come better on the disorder-related needs of the patients. Staffing level and structure remained stable.

**Methods** Key figures including quality criteria and performance data such as LOS, kind of admission and discharge, service intensity, and bed occupancy were evaluated by a pre-post study (pre: 1st half of 2014, N = 76/post: 1st half of 2015, N = 77) using descriptive and test statistics.

**Results** Socio-demographic patient data remained stable. Regarding selected key figures there were significant changes (LOS > 21 days:  $P < 0.05$ ; bed occupancy:  $P < 0.001$ ; therapeutic contacts < 25 min:  $P < 0.001$ ) and positive trends, e.g. decreased ratio of non-regular discharges.

**Conclusions** Our data suggest that punishment-oriented interventions impede addressing specific needs of inpatients with multiple substance use whereas more need-oriented interventions may lead to improvements. Further evaluation including patient satisfaction is indispensable.

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

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## EV120

### Decrease of velocity and acceleration of fast eye movement after the administration of methadone

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**Aims** The goal of this study is to assess the differences in peak and medium velocity, peak and medium acceleration of eyeball movements after the administration of methadone.

**Materials and methods** Twenty-eight opioid addicts were examined. Patients admitted oculomotor impaired were excluded.

In this study, we made use of the Saccadometer Advanced (Advanced Clinical Instrumentation, Cambridge, UK), allowing the measurement of eye position with the time resolution of 1 msec (1000 Hz). The eye movement measurement is automated and synchronised with stimuli presentation. Before and after the administration of methadone two saccadic tests were carried out: Prosaccades Test (PT) and Antisaccades Test (AT).

**Results** The average of peak and medium velocity and the average of peak and medium acceleration of eyeball movements in the test AT were lower than in the PT test. After administration of a single dose of methadone the peak and medium velocity, peak and medium acceleration decreased in both tests (PT and AT). After administration of methadone prolonged the duration of saccades, and prolonged the duration of rising and falling slope of saccades.

**Conclusion** It was found that methadone ( $\mu$ -opioid receptor agonist) is associated with change of velocity and acceleration of eyeball movements.

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

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## EV121

### Effects of BF-HRV of opioid-dependent persons with pathological gambling

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**Introduction** It is necessary to search for and to carry out effective treatments for chemical dependency – including behavioral addictions. One of the methods used in various disorders is a biofeedback HRV (BF-HRV). The aim of the study is to examine the impact of BF-HRV on people addicted behaviorally to gambling and chemically dependent patients on opioids.

**Material and methods** Twenty-four opioid addicts were examined. We used emWave (HeartMath) with a heart rhythm monitor to learn stress reduction and emotional management skills. For a detailed analysis of the HRV data was used Kubios 2.0 software (Biosignal Analysis and Medical Imaging Group).

**Results** The average value of the three components of HRV, i.e. low (LF), medium (MF) and high (HF) frequencies of spectral energy FFT recorded during six consecutive sessions of BF-HRV were the following: 1st session LF 63%; MF: 17%; HF: 19%. Changing parameters in the next sessions: 2nd session LF –9.27%, MF: +0.50%, HF: +6.19%; 3rd session LF –11.11%, MF: +1.00%, HF: –10.07%; 4th session LF –14.27%, MF: –4.17%, HF: +18.77%; 5th session LF –15.02%, MF: –2.04%, HF: +17.07%; 6th session LF –20.86%, MF: –4.04%, HF: +24.90%.

**Conclusions** After the BF-HRV training decrease low and medium frequencies (LF-MF) and increase high frequency (HF). Recent studies suggest that LF-HRV is an index of cardiac sympathetic control and the LF/HF ratio is an index of sympathovagal balance.

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

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## EV122

### Relationship between severity of tobacco dependence and personality traits, insomnia and impulsivity in male and female individuals entering alcohol treatment

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**Introduction** Tobacco dependence (TD) often coexists with alcohol dependence. Previous research documented that both biological and environmental factors influence simultaneous development of the two disorders. However, it has not been determined whether the same psychological and psychopathological factors affect TD in alcohol-dependent males and females.

**Aim** The objective of the study was to assess risk factors for high severity of TD in alcohol-dependent individuals considering gender differences.

**Methods** The study entailed two groups: male ( $n = 284$ ) and female ( $n = 102$ ) subjects entering alcohol addiction treatment programs in Warsaw, Poland. Standardized instruments were used to assess: severity of TD – Fagerstrom Test for Nicotine Dependence, personality traits – NEO-Five Factor Inventory to assess, consequences of drinking – Short Inventory of Problems, impulsivity – Barratt Impulsivity Scale, and Sleep Disorder Questionnaire-7 as a measure of insomnia.

**Results** In the studied sample, current smokers comprised 79.1% ( $n = 225$ ) of male and 79.4% ( $n = 81$ ) of female participants. Multivariate regression model showed that high negative consequences of drinking ( $P = 0.001$ ) and low NEO Openness score ( $P = 0.009$ ) were associated with high risk of TD in female alcoholics (corr.  $R^2 = 0.223$ ;  $P < 0.0005$ ). Bivariate analyses showed that TD was associated with impulsivity, openness, agreeableness and neuroticism

in male alcohol-dependent subjects. Insomnia was the only significant predictor for high severity of TD in the males (corr.  $R^2 = 0.068$ ;  $P = 0.002$ ).

**Conclusions** Different factors contribute to severity of tobacco dependence in male and female alcohol-dependent individuals entering addiction treatment.

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

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## Anxiety disorders and somatoform disorders

### EV124

#### Low vitamin D, and bone mineral density with depressive symptoms burden in menopausal and post-menopause women

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**Objective** The objective of current study was conducted to determine whether low vitamin D level and BMD are associated with depressive symptoms as burden in Arab women during the menopausal and post-menopausal period.

**Design and setting** A cross-sectional descriptive study.

**Subjects** A multi-stage sampling design was used and a representative sample of 1436 women aged 45–65 years were included.

**Methods** Bone mineral densitometry measurements [BMD] ( $\text{g}/\text{m}^2$ ) was assessed at the BMD unit using. Data on body mass index (BMI), clinical biochemistry variables including serum 25-hydroxyvitamin D were collected. The Beck Depression Inventory (BDI) was administered for depression purposes.

**Results** Of the 1436 women living in urban and rural areas, 1106 women agreed to participate (77.0%). There were statistically significance differences between menopausal stages with regards to ethnicity, education level, systolic and diastolic blood pressure, parity, sheesha smoking and depressive symptoms. Overall, 30.4% of women were affected with osteopenia/osteoporosis in menopause and postmenopausal (24.4% vs. 35.7%;  $P = 0.0442$ ). Osteopenia in menopause and postmenopausal (18.7% vs. 29.3%;  $P = 0.030$ ) and osteoporosis (9.9% vs. 15.9%;  $P = 0.049$ ) were significantly higher in post-menopausal women than in pre-menopausal women ( $P = 0.046$ ). Similarly, vitamin D deficiency was more prevalent among postmenopausal women than menopausal women. The study revealed that vitamin D level, hemoglobin level, serum iron fasting plasma glucose, calcium, triglycerides, HDL cholesterol, LDL cholesterol, alkaline phosphate and magnesium were considerably lower in postmenopausal compared to menopause women ( $P < 0.001$ ).

**Conclusion** The study confirmed strong association between vitamin D level and BMD in Arab women during the menopausal and post-menopausal period.

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

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### EV126

#### The relationship between sensory processing disorder and temperament on emotional functioning and self-efficacy in childhood

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My study presents and explores the emotional functions and the sense of self-efficacy among school-age children (6–10) with sensory processing disorder manifested in sensory processing disorder (SPD) while addressing their temperament. Central questions in this study involve the element of temperament, which determined the emotional functioning of children who suffer from SPD and examined whether temperament explaining the variance in these children's self-efficacy. The SPD was the independent variable. Emotional functioning and the sense of self-efficacy were the dependent variables and temperament served as the mediating variable. The study focused on 209 students (129 boys, 80 girls) between the ages 6–10 ( $M = 8$ ,  $SD = 1.13$ ), studying in schools in different geographical areas in Israel. The Short Sensory Profile (SPS) Questionnaire was administered to the students in order to characterize their sensory profiles and served as a tool for screening and identifying the children with SPD and children who will be included in the control group. The questions raised in this study, have both educational and clinical research importance. They can be used as the basis for educational interventions for children with SOR and may be useful in supporting the building of an integrated intervention and treatment program.

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

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### EV131

#### Gender differences in anxiety among secondary school in Kuwait

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**Introduction** Anxiety disorders are the most common mental disorders, and their prevalence is substantially higher in women than in men. Research has confirmed the existence of gender differences in several types of anxiety disorders.

**Objectives** The current investigation sought to determine whether any observable gender differences existed in anxiety for a nonclinical sample.

**Methods** the sample consisted of 300 males and 300 female students from a secondary school in Kuwait. The genders were matched in age (males =  $16.52 \pm 0.90$  & females =  $16.37 \pm 0.96$ ,  $t = 1.93$ ,  $P > .05$ ). The inclusion criteria for all participants: sample of the population of Al-Jahra city, aged between 15 and 18 years old, school grades 10, 11, 12, and the social status of the parents (married). The Arabic version of Beck Anxiety Inventory (BAI) was administered to participants. BAI reliabilities ranged from .88 to .87 with a mean .87 (alpha) denoting good internal consistency. The convergent correlations in eight samples between BAI and Kuwait University Anxiety Scale KUAS (mean  $r = .52$ ) for validity coefficients.

**Results** The results revealed that females ( $18.67 \pm 11.11$ ) had significantly higher mean anxiety than their male ( $14.52 \pm 10.37$ ) counterparts ( $f = 22.27$ ,  $P < .000$ ).

**Conclusion** Therefore, we can conclude that female preponderance of anxiety has been a consistent finding within literature.

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

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