

schizophrenic psychosis (12.6%), schizophrenia (9.1%), and other diagnosis (6.8%).

**Conclusions** The formulation of the dual diagnosis provided a better approach of the patients on the part of the team, promoting the strengthening of the therapeutic bond and causing positive impact on the evolution of these disorders.

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

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#### EW0596

### Comorbid depressive symptoms in persistent delusional disorder: A retrospective study from India

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**Background** Previous studies have reported depressive symptoms in patients with persistent delusional disorder (PDD). Patients with PDD and depression may need antidepressants for treatment.

**Aim** The aim of the study was to compare the sociodemographic profile, clinical presentation and treatment response in patients with PDD with and without comorbid depressive symptoms.

**Methods** We conducted a retrospective chart review of patients diagnosed with PDD (ICD-10) from 2000 to 2014 ( $n=455$ ). We divided the patients into PDD + depression ( $n=187$ ) and PDD only ( $n=268$ ) for analysis.

**Results** Of the 187 patients with PDD + D, only eighteen (3.9%) were diagnosed with syndromal depression. There were no significant differences in sociodemographic profile including sex, marital and socioeconomic status (all  $P>0.05$ ). PDD + D group had a significantly younger age at onset ([PDD + D: 30.6 9.2 years vs. PDD: 33.5 11.1 years];  $t=2.9$ ,  $P<0.05$ ). There was no significant difference between the clinical presentation including mode of onset, the main theme of their delusion and secondary delusions (all  $P>0.3$ ). However, comorbid substance dependence was significantly higher in patients with PDD only. ( $\chi^2=5.3$ ,  $P=0.02$ ). In terms of treatment, response to antipsychotics was also comparable ( $>75\%$  response: PDD + D = 77/142 vs. PDD = 106/179);  $\chi^2=1.9$ ,  $P=0.3$ ). There was a significant difference between the two groups in terms of antidepressant treatment ([PDD + D = 32/187; 17% vs PDD: 17/268; 6%],  $\chi^2=12.9$ ,  $P=0.001$ ).

**Discussion** Patients with PDD + D had significantly earlier onset of illness. These patients may require antidepressants for treatment.

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

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#### EW0597

### Association between Internet addiction and depression in medical students, faculty of medicine in Thailand

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**Introduction** Internet addiction has become a harmful behavioral problem found to be highly prevalent in high school and college students. Many studies demonstrated significantly association between Internet addiction and depression.

**Aims** To study the prevalence of Internet addiction and the association between internet addiction and depression in medical students, faculty of medicine, Ramathibodi hospital.

**Methods** A cross-sectional study was conducted. Participants were the first to fifth-year medical students who agreed to participate in this study. Demographic characteristics were derived from self-rated questionnaire and were analyzed by descriptive statistics. Thai version of Young's Internet Addiction Diagnostic Questionnaire and Thai version of Patient Health Questionnaire (PHQ-9) were used to assess internet addiction and depression, then  $\chi^2$  test and logistic regression were used to analyze the associations between internet addiction, depression and associated factors.

**Results** From 705 participants, 24.5% had internet addiction and 29.0% had depression. There was statistically significant association between Internet addiction and depression (odds ratio: 1.92; 95% confidence interval [CI]: 1.34–2.77,  $P$ -value  $<0.000$ ). Logistic regression analysis illustrated that the Internet addiction group had risk of depression 1.58 times higher than the group without Internet addiction (95% CI: 1.04–2.38;  $P$ -value  $<0.031$ ). Academic problem was found to be a significant predictor of both Internet addiction and depression. Furthermore, Internet addiction, relationship problems with friend and lover, and health problem were also significant predictors of depression.

**Conclusions** Internet addiction was common psychiatric problem which associated with depression among medical students. We suggest that surveillance of Internet addiction should be considered in medical schools.

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

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#### EW0598

### The cannabis profile: A high-risk subtype

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**Introduction** The first phase following the diagnosis of a first psychotic episode (FEP), is crucial to determine clinical and functional long-term outcome. Cannabis exerts a mediating action on the debut of the disease and determines a poor prognosis.

**Objectives** The description of a specific population profile of increased vulnerability to maintain cannabis use after a FEP could help to identify this high risk subtype of patients and speed up the implementation of specific interventions.

**Materials and methods** One hundred and seventy-eight patients were recruited from PAFIP (early intervention program on FEP), obtaining detailed socio-demographic assessment. They were followed-up for a year during which cannabis consumption was assessed by Drake scale every three months. We divided the sample into two groups:

- those patients who neither smoked cannabis before the FEP nor during follow-up period (nn);
- consumers group: cannabis users before the FEP who kept on smoking during the follow-up period (ss) and those who smoked before the FEP and gave up consumption during follow-up (sn).

**Results** Statistically significant differences between groups were observed. The consumers group (ss + sn) had an earlier age of onset, most were male, unemployed, single, prone to loneliness and they were concomitant users of alcohol and tobacco.

**Conclusions** The use of cannabis has a detrimental effect on the outcome of schizophrenia. A specific and early intervention could contribute to prognostic improvements. Identifying cannabis consumption subtypes could be useful for this purpose.

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

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#### EW0599

### Association between ADHD and psychopathy among inmates in a high-security prison in Portugal

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**Introduction** ADHD is associated with psychopathic traits, both in the general population and in perpetrators, due to the impulsivity, but not the affective component of psychopathy.

**Objectives** To analyze this relationship among a sample of inmates from a high-security male prison, using an instrument that further divides the callous-unemotional factor of psychopathy into boldness and cruelty, and see if they relate to ADHD independently from the impulsivity/disinhibition.

**Methods** One hundred and one subjects aged 18–65, with at least 4 years of formal education, were interviewed for socio-demographic data and completed the ASRS-v1.1 (Adult ADHD Self-Report Scale) and the TriPM (Triarchic Psychopathy Measure). Subjects were divided into ADHD positive or negative according to their score in the ASRS-v1.1, and then compared regarding TriPM score (total, disinhibition, boldness and cruelty) using Student's *t*-test. Linear regression was used to assess independency between the subscales of TriPM.

**Results** Seventeen subjects scored positive for ADHD. They significantly differed from the non-ADHD group regarding all psychopathy scores (total,  $t = -5.03$ ,  $P < 0.0001$ ; disinhibition,  $t = -3.53$ ,  $P = 0.0006$ ; and cruelty,  $t = -4.96$ ,  $P < 0.0001$ ), except for boldness ( $t = 1.97$ ,  $P = 0.005$ ). The cruelty score is independent from boldness ( $R^2 = 0.03$ ) but not from the disinhibition score ( $R^2 = 0.24$ ). Disinhibition and boldness are also unrelated ( $R^2 = 0.01$ ).

**Conclusions** In line with previous work, our study shows a strong association between ADHD and psychopathy, with both conditions sharing the disinhibition/impulsivity factor. Although ADHD subjects score higher for cruelty, this isn't independent from disinhibition, and may be a result of them being more prone to admit to cruel behaviours, due to deficient response inhibition.

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

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#### EW0600

### Novel psychoactive substances in a psychiatric young adults sample: A multicenter, observational study

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**Introduction** Comorbidities between psychiatric diseases and consumption of traditional substances of abuse are common. Nevertheless, there is no data regarding the use of novel psychoactive substances (NPS) in the psychiatric population.

**Objectives** The purpose of this multicentre survey is to investigate the consumption of a wide variety of psychoactive substances in a young psychiatric sample.

**Methods** Between September 2013 and November 2015, a questionnaire has been administered, in ten Italian psychiatric care facilities, to a sample of 671 psychiatric patients (48.5% men; 51.5% women), aged between 18 and 26 years (mean age: 22.24).

**Results** 8.2% of the sample declared use of NPS at least once in a lifetime and 2.2% have assumed NPS in the last three months. The NPS more used were synthetic cannabinoids (4.5%), followed by methamphetamine (3.6%). The three psychiatric diagnosis with more frequent NPS consumption were bipolar disorder (23.1%), personality disorders (11.8%) and schizophrenia and related disorders (11.6%). Bipolar disorder was associated with NPS consumption ( $P < .001$ ). Among the illicit drugs investigated, 31.4% of the sample was cannabis smoker and 10.7% cocaine user. Moreover, 70.6% of the sample declared alcohol use and 47.7% had binge drinking conducts. In univariate regression analysis, bipolar disorder was positive associated with binge drinking while obsessive compulsive disorder resulted negative associated.

**Conclusions** The use of novel psychoactive substances in a young psychiatric population appears to be a frequent phenomenon, probably still underestimated. Bipolar disorder shows an association with NPS use. Therefore, careful and constant monitoring and accurate evaluations of possible clinical effects related to their use are necessary.

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

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#### EW0601

### Personality traits and tobacco smoking among male alcoholics with secondary depression

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**Introduction** After alcohol withdrawal, secondary depression may persists and might be a risk factor for relapse among primary alcoholics.

**Objectives** The differences between male alcoholics with secondary depression (D) and without depression (wD) regarding the personality dimensions and tobacco smoking were explored.

**Aims** The aim was to investigate risk factors for secondary depression.

**Methods** One hundred male primary alcoholics were recruited during inpatient treatment, and 86 completed the study. The assessment of depression by Hamilton Depression Rating Scale - HAMD (Hamilton, 1960), the pattern of cigarette use and personality dimensions assessment by Eysenck personality questionnaire - EPQ (Eysenck & Eysenck, 1975) were performed for all participants on admission. After four weeks according HDRS cut off score, they were divided into D group ( $n = 43$ ) and wD ( $n = 43$ ) group. The differences between groups were tested by Student *t*-test and Pearson's correlation test was applied.

**Results** The personality traits showed difference between D and wD alcoholics' subgroups for neuroticism  $15.07 \pm 4.89$  vs.  $10.37 \pm 4.40$  ( $P < 0.01$ ) and for extraversion  $11.74 \pm 5.05$  vs.  $14.30 \pm 4.24$  ( $P < 0.05$ ) respectively. The positive correlation between the mean HDRS score and neuroticism ( $r = 0.487$ ,  $P < 0.001$ ), without significant correlation between other EPQ dimensions and