

**Conclusions** Our study suggests the importance of stigmatization already among university students according to their academic orientation. Understanding the process of stigmatization is important for future efforts to find possible solutions and de-stigmatization of mental illness in society.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.757>

#### EW640

### Capturing depression with your smartphone: Validity and utilization of iHOPE for depressed patients in Taiwan

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**Introduction** Clinical assessment for depression, to date, has relied heavily on patients' retrospective report, which is liable to recall bias.

**Objectives** A number of mobile applications for ecological momentary assessment (EMA) of depressive disorder have been piloted, however, evidence regarding their validity and acceptance is limited.

**Aims** In this study, we examined the association between Hamilton Rating Scale for Depression (HAM-D) and EMA of depressive symptoms via a smartphone application and demonstrated the level and determinants of utilization.

**Methods** Our mobile phone application, iHOPE, would perform EMA of depression, anxiety, sleep and cognitive ability. Outpatients with depressive disorder were invited to use iHOPE for 8 weeks. Smartphone usage patterns and clinical characteristics were assessed.

**Results** We enrolled 59 outpatients with depression (38 [64.4%] women; mean [SD] age = 37.3 [13.9] years). In 8 weeks, participants interacted with iHOPE for an average of 10.8 (SD = 12.3) days; a trend of decreased frequency of use ( $P = 0.03$ ) was observed. Scores of HAM-D at baseline was associated with, of the first 14 days, scores of PHQ-9 ( $P = 0.005$ ), visual analogue scale of depression ( $P = 0.003$ ) and anxiety.

**Conclusions** EMA via mobile technology appears to be valid and feasible for Asian patients with depression. Mobile health has a potential for the assessment of depressive disorder in areas with limited awareness and resource for mental health conditions.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.758>

#### EW641

### The effect of the financial crisis in Greece on the health habits of young adults

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**Background** Periods of financial crisis have been strongly associated with changes in the health habits of affected individuals. Previous research suggests that these periods usually affect drink-

ing, smoking, physical activity and eating habits, thus affecting our psychophysical health as well.

**Aim** To investigate the effect of the financial crisis in Greece on the health habits of young adults.

**Method** Two hundred and seven Greek young adults participated in the study, 75 (36.2%) males and 132 (63.8%) females, with a mean age of 29. Analysis of data was conducted with Anova, Ancova, regression and correlation analyses, using the SPSS software.

**Results** The findings showed a significant effect of the financial crisis on drinking patterns ( $F(1.173) = 4.488, P = 0.036$ ). Individuals whose income was reduced consumed less alcohol ( $M = 11.646, SD = 1.434$ ) compared to individuals who had not experienced such a reduction ( $M = 17.957, SD = 2.611$ ). There was a significant effect of annual income on BMI ( $F(4.10) = 3.74, P = 0.001, \eta_p^2 = 0.96$ ), after controlling for the effect of exercise intensity ( $F(1.10) = 4.58, P = 0.034, \eta_p^2 = 0.31$ ). However, the financial crisis did not significantly affect exercise, smoking behaviour or eating habits ( $P > 0.05$ ). Significant correlations between tobacco use and drinking were found ( $r(206) = 0.22, P < 0.001$ ). A significant correlation was also found between exercise and the consumption of fruits and vegetables ( $r(174) = 0.26, P < 0.001$ ).

**Conclusion** The financial crisis reduced alcohol consumption whilst it did not affect physical activity, smoking or eating habits. These findings allow us to propose that, despite the bleak reality of a period of financial crisis, such periods could actually lead to the reduction of unhealthy behaviours.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.759>

#### EW642

### Comparison of metabolic syndrome between patients with severe mental disorders

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**Introduction** Metabolic alterations are one of the main causes of mortality and morbidity associated with cardiovascular disease in patients with severe mental disorders. Polypharmacy has been shown to increase the risk.

**Objectives** To check the patients with schizophrenia and bipolar disorder admitted to our unit and their metabolic parameters.

**Aims** To assess the prevalence of thyroid dysfunction, diabetes and dyslipidemia in patients diagnosed with these disorders admitted to our unit between 2013 and 2014, and compare the results.

**Methods** We conducted an epidemiological, observational, retrospective study of patients with these disorders admitted to our unit in this period. Clinical and socio-demographic variables were collected and analyzed by The Statistical Package for Social Science version 19.0.

**Results** No association was detected between treatment with antipsychotics (typical/atypical) and metabolic variables. This may be due to the fact that mostly of patients received a combination treatment of both (Table 1).

**Conclusions** Dyslipidemia and diabetes seem to be more prevalent in patients with schizophrenia in our sample, but thyroid dysfunction is more prevalent in patients with bipolar disorder. However, the two samples are very different so more studies are needed.

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

Table 1

	Schizophrenia	Bipolar disorder
Number	397	69
Gender (% males)	76.1	33.3
Average age (years)	44.02	44.54
Dyslipidemia (%)	29.7	24.6
Diabetes (%)	18.6	7.3
Thyroid dysfunction (%)	11.6	20.3
Relationship	Rural origin-prevalence of diabetes ( $\chi^2=5.862; p<0.05$ ) Age-glycemia ( $r=317; p<0.01$ )	Lithium-thyroid dysfunction ( $\chi^2=14.59; p<0.001$ )

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.760>

#### EW643

### The impact of anxiety and depression on academic performance in undergraduate medical students

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**Introduction** Stress associated with medical education, correlated with symptoms of depression and anxiety, has been involved in generating academic performance problems and thus, long-term consequences, such as poor quality of medical care. If anxiety and depression are proved to influence quality of academic achievement, their prevention could lead to better outcomes also in the quality of medical care.

**Objective** The objective of the study was to analyze if anxiety and depression decrease academic performance in first and second year medical students.

**Methods** As a measure of anxiety and depression symptoms we used Zung Self-rating Anxiety score >36, respectively Zung Self-rating Depression Scale score >40, in the periods before the examination session, in the first semester (in no-stress conditions). As a measure of academic performance, we have obtained the average grade at the end of the academic year from 254 of the total population of 356 first and second year medical students. Statistical analyses were carried out with SPSS version 16 (Spearman correlations and logistic regression).

**Results** Academic performance decreases inversely in rapport of anxiety ( $\rho=-0.144, P<0.05$ ) and depression ( $\rho=-0.192, P<0.05$ ) scores in the period before the examination session. Also, depression in this period predicts low levels of academic performance with average grade in the inferior quarter (grades lower than 7.52) particularly in first year students, irrespective of gender ( $\chi^2=8.922, P<0.01, OR=0.928; IC\ 95\%=0.864-0.997$ ).

**Conclusion** These findings suggest the necessity of coming up with prophylactic methods to prevent anxiety and depression

especially in first year medical students, as these prove to be factors that impend academic performance.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.761>

#### EW644

### Grief cognitions and cognitive-emotional regulation associated with romantic breakup distress among college students

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**Introduction** Individuals manage differently the experience of a romantic breakup [RB]. These differences may in part be related to the use of different cognitive-emotional regulation strategies [CERS]. Also, global negative beliefs and catastrophic misinterpretations regarding the RB may contribute to the emotional distress (Boelen and Reijntjes, 2009).

**Objectives** To explore the associations between CERS, grief cognitions related to RBs, and depression and suicidal ideation/behaviors in a sample of college students.

**Aims** To conduct regression analyses to predict depression, anxiety, hostility, and suicide behaviors from CERS and grief cognitions (as independent variables).

**Methods** Cross-sectional, self-report data was collected from 359 college students who experienced a RB. The assessments used were: Cognitive-Emotional Regulation Questionnaire- Short Form (Garnefski et al., 2002); the Grief Cognitions Questionnaire adjusted to grief after RBs (Boelen et al., 2003); the subscales of Depression, Anxiety, and Hostility of the Counseling Center Assessment of Psychological Symptoms-62; and the Suicide Behaviors Questionnaire-Revised, Osman et al., 2001).

**Results** Past suicide thoughts or attempts were predicted by Other-Blame; self-reported likelihood of future suicide attempt was predicted by Self-Blame, Other-Blame, and Positive Reappraisal, Grief Cognitions-Future, and Grief Cognitions-Appropriateness. Depression was predicted by all cognitive-emotional regulation subscales except Acceptance and Perspective, and by RB grief cognitions (self, future, self-blame, others, and perceived appropriateness of own grief reaction).

**Conclusions** Clinical assessment to evaluate at-risk young adults after RBs could incorporate evaluations of cognitions regarding the RB and self-blaming, appropriateness of one's own grief reaction, and thoughts about the future.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.762>

#### EW645

### SOMA Score, cardiovascular risk screening tool for psychiatric patients

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**Introduction** Life expectancy of patients with severe mental illness (SMI) is two decades shorter than that of general population. The most important cause of death are cardiovascular diseases (CVD).

**Objectives** There is a need for CVD risk screening tools development and validation in the context of the Czech Republic.