Results Four distinct clusters were identified (Fig. 1): (1) a 'positive cluster', (2) a 'mild cluster', (3) a 'negative cluster', and (4) a 'mixed group'. These clusters are similar to those found by Dolffus et al.
There was a significant association between cluster and co-morbid personality disorder, $P < 0.05$. No significant association was found between clusters and other clinical variables.
Conclusions Among difficult-to-treat institutionalised patients four distinct subtypes of psychosis could be identified, comparable to those found in a cohort of schizophrenia patients.

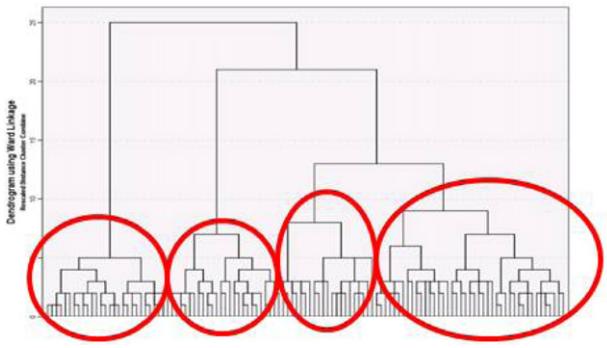

Fig. 1 Dendrogram showing a 4 cluster solution.

Disclosure of interest The authors have not supplied their declaration of competing interest.
Reference
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EW0086

Relationship of severity of ADHD symptoms with the presence of psychological trauma while controlling the effect of impulsivity in a sample of university students

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Objective The aim of the present study was to evaluate relationship of severity of ADHD symptoms with the presence of psychological trauma while controlling the effect of impulsivity in a sample of university students.
Method Participants included 321 volunteered university students. Participants were evaluated with the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Adult ADHD Self-Report Scale (ASRS) and the Traumatic Experiences Checklist (TEC).
Results Age and gender did not differed between those with the history of psychological trauma ($n = 271$, 84.4%) and those without ($n = 50$, 15.6%). BIS-11-SF and subscale scores did not differ between groups, other than motor impulsivity, which was higher among those with the history of psychological trauma. ASRS score, inattentiveness and hyperactivity/impulsivity subscale scores were higher among those with the history of psychological trauma than those without. Severity of ADHD symptoms, particularly inattentiveness score, predicted the presence of psychological trauma, together with the severity of motor and attentional impulsivities in a logistic regression model.
Conclusion These findings suggest that the severity of ADHD symptoms may be related with the presence of psychological trauma, while severity of motor and attentional impulsivities may have an effect on this relationship among young adults.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0087

Relationship of high PTSD risk with severity of ADHD symptoms while controlling the effect of impulsivity in a sample of university students

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Objective The aim of the present study was to evaluate relationship of high PTSD risk with severity of ADHD symptoms while controlling the effect of impulsivity in a sample of university students.
Method Participants included 271 volunteered university students. Participants were evaluated with the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Adult ADHD Self-Report Scale (ASRS) and PTSD Checklist Civilian version (PCL-C).
Results Age and gender did not differed between those with the high PTSD risk ($n = 224$, 82.7%) and those without ($n = 47$, 17.3%). BIS-11-SF and subscale scores, other than non-planning impulsivity (which showed no difference), and ASRS scores were higher among those with the high PTSD risk than those without. Severity of ADHD symptoms, particularly inattentiveness (IN) score, predicted the high risk of PTSD, together with the severity of motor impulsivity in a logistic regression model.
Conclusion These findings suggest that the severity of ADHD symptoms is related with the high risk of PTSD, while severity of motor impulsivity may have an effect on this relationship among young adults.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0088

Dual diagnosis: On the way to an integrated treatment model?

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Introduction Substance use disorders (SUD) with psychiatric comorbidity (dual diagnosis) represent a challenge for both mental health and addiction networks. Dual patients present greater disorder severity and worse prognosis than those with SUD or psychiatric disorders alone. There is a lack of consensus regarding which treatment model (sequential, parallel or integrated) is the most appropriate for them. Despite integrated treatment is seen as the model of excellence, it is a standard difficult to achieve.

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Objectives/Aims To describe the presence of dual diagnosis and treatment model received in a sample recruited from a drug abuse community center in Barcelona (CAS Barceloneta).
Methods Cross-sectional descriptive analysis of an outpatient center for SUD clinical sample regarding psychiatric co-morbidity (DSM-IV-TR criteria), social-demographic characteristics and treatment model received.
Results In the moment of this study, a total of 574 SUD patients are attended at CAS Barceloneta. Of them, 300 (52%) present a dual diagnosis, 64% men, mean age = 48 (SD = 11.29). Thirteen percent ($n = 40$) of dual patients have psychotic disorder (PsyD) diagnosis and their SUD co-morbidities are: alcohol-UD (12.5%, $n = 5$), cocaine-UD (7.5%, $n = 3$), cannabis-UD (15%, $n = 6$), opioids-UD (17.5%, $n = 7$) and multiple SUD (47.5%, $n = 19$). Half of dual patients with PsyD ($n = 20$) are attended in parallel in community mental health centers.
Conclusions Our results suggest there is an important percentage of SUD patients that present psychiatric co-morbidity treated in drug abuse community centers. Parallel treatment is mainly for PsyD patients and sometimes they get lost in the gaps. We would need to develop specific dual programs to give these patients an integrated assistance.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0089

Chronic somatic and psychiatric co-morbidities are associated with psychiatric treatment success; A nested cross-sectional study

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Introduction A rich body of literature dealt with somatic co-morbidities of psychiatric illnesses. However, relatively few explored the association of somatic and psychiatric co-morbidities with psychiatric treatment success.
Objective Objective of this analysis was to explore chronic somatic and psychiatric co-morbidities association with the average number of psychiatric re-hospitalisations annually.
Methods This cross-sectional analysis was done on the baseline data of prospective cohort study "Somatic co-morbidities in psychiatric patients" started during 2016 at Psychiatric hospital Sveti Ivan, Zagreb, Croatia. We included 798 patients. Outcome was the average number of psychiatric re-hospitalisations annually since the diagnosis. Predictors were number of chronic somatic and psychiatric co-morbidities. Covariates that we controlled were sex, age, BMI, marital status, number of household members, education, work status, duration of primary psychiatric illness, CGI–severity at diagnosis, treatment with antidepressants and antipsychotics.
Results Interaction of somatic and psychiatric co-morbidities was the strongest predictor of the average number of psychiatric re-hospitalisations annually ($P < 0.001$). Mean number of re-hospitalisations annually adjusted for all covariates, was increasing from 0.60 in patients with no chronic co-morbidities, up to 1.10 in patients with ≥ 2 somatic and ≥ 2 psychiatric co-morbidities.
Conclusion Somatic and psychiatric co-morbidities are independently associated with the psychiatric treatment success. Further studies should look at possible causal pathways between them, and interdisciplinary treatment of psychiatric patients is urgently needed.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0090

Obsessive compulsive personality disorder and autism spectrum disorder traits in the obsessive-compulsive disorder clinic

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Introduction Obsessive Compulsive Personality Disorder (OCPD) is a common, highly co-morbid disorder. Subjected to comparatively little research, OCPD shares aspects of phenomenology and neuropsychology with obsessive-compulsive spectrum disorders and neurodevelopmental disorders such as autism spectrum disorder (ASD). A greater understanding of this interrelationship would provide new insights into its diagnostic classification and generate new research and treatment heuristics.
Aims To investigate the distribution of OCPD traits within a cohort of OCD patients. To evaluate the clinical overlap between traits of OCPD, OCD and ASD, as well as level of insight and treatment resistance.
Method We interviewed 73 consenting patients from a treatment seeking OCD Specialist Service. We evaluated the severity of OCPD traits (Compulsive Personality Assessment Scale; CPAS), OCD symptoms (Yale–Brown Obsessive Compulsive Scale; Y-BOCS), ASD traits (Adult Autism Spectrum Quotient; AQ) and insight (Brown Assessment of Beliefs Scale; BABS).
Results Out of 67 patients, 24 (36%) met DSM-IV criteria for OCPD, defined using the CPAS. Using Pearson's test, CPAS scores significantly ($P < 0.01$) correlated with total AQ and selected AQ domains but not with BABS. Borderline significant correlation was observed with Y-BOCS ($P = 0.07$). OCPD was not over-represented in a highly resistant OCD subgroup.
Conclusion Disabling OCPD traits are common in the OCD clinic. They strongly associate with ASD traits, less strongly with OCD severity and do not appear related to poor insight or highly treatment-resistant OCD. The impact of OCPD on OCD treatment outcomes requires further research.