

depression was recorded. The D group started smoking earlier, but without differences of cigarettes daily.

**Conclusions** The group of alcoholics with depression started smoking earlier. They were characterized by higher neuroticism and lower extraversion on admission, which could predict persistent secondary depression. Screening on personality traits among alcoholics on admission could improve prevention of secondary depression after alcohol withdrawal.

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#### EW0602

### Addictive status in neurotic disorders

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**Introduction** At the present stage of psychiatry development, the problem of co-morbidity, which is an important factor determining the effectiveness of treatment. One of such tendencies is the combination of neurotic pathology and addictive behavior (AB).

**Objectives** To research AB features in neurotic disorders.

**Methodology** One hundred and forty-eight patients with neurotic disorders: neurasthenia (F48.0), dissociative disorder (F44.7), anxiety-phobic disorder (F40.8), according to ICD-10 criteria. Clinical-psychopathological, psychodiagnostic (AUDIT-like tests), statistical methods were used.

**Results** It was found out that the patients with neurotic disorders had a high risk of AB formation (59.73%). The most prominent among AB were: the use of psychoactive substances (tea/coffee [11,682], tobacco [8,091], sedatives [6,964], food addiction [14,036]), as well as socio-acceptable AB, such as Internet (13,527), watching television (9,982), computer games (2,909), shopping (7,264), workaholism (15,018). Socio-demographic characteristics of the generation of neurotic disorders with AB were determined: young age (50.46%), AB presence among the surrounding people (91.64%), a short interval of time between the psychogenic factor exposure and the first signs of neurotic disorder (50.46%). The clinical pattern of neurotic disorders with AB was characterized by a predominance of anxiety-obsessive (35.78%), as well as anxiety-phobic (45.95%) syndromes associated with AB: "Shopping" (−0.32; −0.51, respectively), "Sleeping pills, sedatives" (−0.37; −0.42), "Sex" (−0.41; −0.37) and "Tea/coffee" (−0.34; −0.39).

**Conclusions** The data obtained determine AB specificity and should be taken into account in pharmaco- and psychotherapy.

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#### EW0603

### Addiction co-morbidity in bipolar disorder

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**Introduction** Addiction is often underdiagnosed in bipolar disorder (BD), although it is frequent and known to complicate its clinical course.

**Objectives** The aim of our study was to study socio-demographic and clinical factors associated with addiction in BD patients.

**Methods** This is a retrospective, cross-sectional, descriptive and comparative study on 100 patients followed in our department and diagnosed with BD type I according to DSM 5. Demographic and clinical data was compared across the groups: Addiction+ (A+) and Addiction− (A−).

**Results** Nineteen patients had an addiction co-morbidity (A+), whereas 81 had not (A−). The mean age of the (A+) group was 39.47 years whereas it was 42.52 years in the (A−) group. Males represented 68.4% of the (A+) group and 48.1% of the (A−) group. Age of illness onset was lower in the (A+) group (mean = 23.16, median = 21) compared to the (A−) group (mean = 26.04, median = 27). Addiction co-morbidity was significantly associated with predominant manic polarity ( $P=0.03$ ). All (A+) patients presented mood episodes with psychotic features, whereas psychotic features were only found in 86.6% of (A−) patients. Co-morbid addiction was significantly associated with a higher number of mood episodes ( $P=0.04$ ), a higher number and duration of hospitalisations ( $P=0.02$ ,  $P=0.015$ ), and a poorer compliance ( $P=0.07$ ). All A+ subjects received antipsychotics, and they were significantly more to receive long-acting antipsychotics ( $P=0.06$ ).

**Conclusions** Addictions worsen the prognosis of bipolar disorder and require specific therapeutic strategies. They deserve therefore the particular attention of clinicians.

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#### EW0604

### Trajectories of depression and anxiety symptoms in coronary heart disease strongly predict health care costs

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**Introduction** There is little information describing the trajectories of depression and anxiety symptomatology in the context of coronary heart disease (CHD), and their comparison according to sociodemographic and disability measures, cardiac risk factors, and health care costs.

**Methods** Using a primary care cohort of 803 patients with a diagnosis of CHD, a latent class growth curve model was developed to study the distinct trajectories of depression and anxiety symptoms (using the hospital anxiety and depression scale) over a 3-year period comprised of 7 distinct follow-up points. Multinomial regression analysis was then conducted to study the association between latent classes, baseline risk factors, and total health care costs across time.

**Results** The 5-class model yielded the best combination of statistical best-fit analysis and clinical correlation. These classes were as follows: "stable asymptomatic" ( $n=558$ ), "worsening" ( $n=64$ ), "improving" ( $n=15$ ), "chronic high" ( $n=55$ ), and "fluctuating symptomatology" ( $n=111$ ). The comparison group was the "stable asymptomatic" class. The symptomatic classes were younger and had higher proportion of women, and were also associated with non-white ethnicity, being a current smoker, and having chest pain. Other measures of disease severity, such as a history of myocardial infarction and co-morbidities, were not associated with class membership. The highest mean total health care costs across the 3 years were the "chronic high" and "worsening" class, with the lowest being the "improving" and "stable low" classes. The total societal

costs for patients in the “chronic high” and “worsening” class were significantly higher, as compared to the “stable low” class.

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#### EW0605

### Incidences and risk factors of severe infections in young adults with schizophrenia: A nationwide register-based cohort study in Denmark

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**Introduction** Patients with schizophrenia deal with many risk factors that make them more susceptible to infections. However, knowledge about incidence and the nature of infections among people with schizophrenia is scarce.

**Aims** To investigate the occurrence and risk factors for severe infections in schizophrenia patients.

**Objectives** – to determine incidence rates of infections among young adults with schizophrenia;

– to define risk factors for infections.

**Method** Population-based nationwide cohort study with selection of all individuals born in Denmark between 1975–1990 and follow-up period from 1995–2013 was conducted. Data from the Danish Psychiatric Central Register and the Danish National Hospital Registry were used. A Poisson regression was chosen to estimate incidence rate ratios of infections and to explore the associations of different risk factors like sex, age, substance abuse and medical co-morbidity with the rates of infections.

**Preliminary results** 922,564 individuals born between 1975–1990 were included in the study. Overall, 3520 women and 5479 men were identified with schizophrenia. In percentages, 36% with schizophrenia had infectious diseases compared to 25% of background population. Some of severe infections like HIV (0.23% vs 0.05%), sepsis (0.72% vs 0.27%), hepatitis (1.4% vs 0.22%) skin infections (12% vs 6.2%) and tuberculosis (0.12% vs 0.06%) were highly increased in persons with schizophrenia, whereas smaller differences were found regarding CNS infections (0.5% vs 0.4%) and gastrointestinal infections (8.7% vs 6.2%).

**Conclusions** The preliminary data results suggest, that individuals with schizophrenia have higher prevalence of all types of severe infectious compared to the background population.

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

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#### EW0606

### Prevalence of depression and anxiety in patients with chronic non-malignant pain—A Danish register-linkage cohort study

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**Introduction** Anxiety and depression disorders are common in patients with chronic pain. Studies using clinical interviews in patients with chronic pain report prevalence rates ranging between 30–54% for depression and 17–29% for anxiety. This is the first study using contacts with a hospital psychiatric ward to investigate prevalence of depression and anxiety in patients with chronic pain.

**Objectives** Estimate the prevalence of anxiety and depression in patients with chronic pain referred for interdisciplinary treatment.

**Aims** To increase the knowledge about mental disorders and chronic pain in secondary health care.

**Methods** All chronic pain patients referred to and treated at an interdisciplinary pain clinic at Odense university hospital, Denmark from 1 Jan 2005–13 Nov 2015 were included as participants. The Danish National Patient Register was used to collect information on contacts with a hospital psychiatric ward 10-year prior to the first contact at the pain clinic due to depression (ICD-10: F32-F33) and/or anxiety (ICD-10: F40-F41).

**Results** In total, 7204 patients (64% women; mean age: 48.2) were included. Altogether, 17.8% (95% CI: 16.9–18.7) of patients had contact to a psychiatric ward. The prevalence of unipolar depression were: 6.1% (95% CI: 5.5–6.6) and anxiety: 2.1% (95% CI: 1.8–2.5), while 0.7% (95% CI: 0.5–0.9) had both depression and anxiety.

**Conclusions** The prevalence rates of depression and anxiety noted in this study were lower than those reported in previous studies. A hospital-based diagnosis seems likely to be less frequent than interview-based measures, yet, might have a higher validity due to the clinician-based assessment.

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

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#### EW0607

### Psychosomatic and psychopathological paradigms of alcoholic anorexia

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**Introduction** Alcoholic anorexia (AA), being one of prevalent narcology diseases, up to now has not been studied in psychosomatics and psychopathology paradigm.

**Aims and objectives** To identify multifactorial pathopsychological, psychopathological, nervous, alimentary, toxicological constituents of AA pathogenesis.

**Method** Twenty-four patients with alcohol dependence (males aged 29–37) have been studied. Diagnosis was objectified by psychosomatic, pathopsychological complex international valid tests and rating, adequate for investigation design, laboratory, electrophysiology, biochemical, ultrasound and other methods.

**Results** AA was accompanied with mental and physical post-intoxication exhaustion, asthenizing, tremor, dissomnia, depression, pre-delirium signs. Psychosomatic concept was proposed for reasonable identification of intranosological AA clinical forms in narcological clinical course. Anorectic dipsomaniac conditions are explained pathogenetically with psychosomatic mechanisms of deviant addictive craving behaviour as pathopsychological target and patient's intentional complete or partial refuse food consumption in favour of real in time more quick and brutal attainment of alcoholic drunkenness (Ebrietas Alcoholic). This anorexia fabula draws AA closer to Anorexia Nervosa and mostly reflects compulsive obsession with alcohol use. Pathopsychological, psychosomatic, neurogenous mechanisms of alcoholic anorexia of drinking bout early stages are transformed gradually to post-intoxication alimentary, nervous, psychic exhaustion. Meanwhile,