

**Introduction** Mental ill health is common among doctors. Fast, efficient diagnosis and treatment are needed as mentally ill doctors pose a safety risk to themselves and to patients, yet they are often reluctant to seek help. Focusing on psychiatry, it is known that psychiatrists as a professional group are prone to stress burnout and suicide. Thus, it seems relevant and current to address on the burnout in this professional group.

**Objectives/aim** To analyze the burnout levels and the existence of psychopathology in a Portugal psychiatry department.

**Methods** Anonymous self-completion questionnaire, prepared by the Suicide Prevention Consultation (also using MBI-Maslach Burnout Inventory and QIS-Suicide Ideation Questionnaire) and distributed by e-mail and online submitted for all psychiatrists in the department.

**Results** Forty-two percent of psychiatrists responded, mostly women. Although the percentages of responses related to fatigue/amount of work are significant, there were not high levels of emotional exhaustion and depersonalisation, but before satisfactory levels of personal fulfilment.

**Conclusions** High levels of “burnout” are associated with high scores of emotional exhaustion and depersonalisation, but also with low scores of personal fulfilment. Despite the preliminary results of this study, it is important to remember important prevention strategies. Further studies directed to psychiatry trainees seem important, as this represents an important risk group, where an early intervention can make a difference.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1771>

#### EV788

### A retrospective study of the impact of antipsychotic medication on readmission in patients followed by a domiciliary care unit

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**Introduction** Domiciliary care services' patients have severe psychiatric disorders, challenging social contexts and physical comorbidities. These influence outcome but are difficult to modify. Conversely, antipsychotic medication is changeable and has been shown to be related to number of readmissions and length of stay.

**Objectives** To assess whether injectable or oral and first or second generation antipsychotics (FGAP and SGAP) are associated with readmission and contact with mental health services.

**Aims** To improve the quality of care in our domiciliary care unit (PreTrarCa) and its efficacy.

**Methods** Active patients in PreTrarCa in 2015 with schizophrenia, schizoaffective, delusional or bipolar disorders were included ( $n = 64$ ). Information regarding medication and average number of hospitalizations, appointments and missed appointments per year was retrospectively collected.

**Results** Patients were mostly male (37), with mean age of 54, and mean follow-up of 41.20 months; 23 were prescribed injectable antipsychotics alone, 21 oral antipsychotics alone and 20 both; 36 were on injectable FGAP and 7 on SGAP. Oral medication was significantly related with missed appointments per year, but not with number of actual appointments. No other significant relation was found; although patients on SGAP had more hospitalizations (0.9

vs. 0.3 per year) and longer length of stay (21.9 vs. 6.3 days) these differences were not statistically significant.

**Conclusion** Type of antipsychotic was not associated with readmission rates or contact with mental health services. Confounding variables and clinical outcome measures were not included and the effect of medication changes during follow up was not addressed.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1773>

#### EV789

### Mental illness and sexual disease transmission. A case report

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**Introduction** Published rates of HIV infection among psychiatric patients are 3.1% to 23.9%, at least eight times higher than general population. (Nebhinan et al., 2013)

**Aims** Defects in judgment and insight in patients with psychosis is often associated with lot of anger and impulsiveness, risky behavior and lower treatment adherence. This often led to worsening of clinical status and prognosis. (Uruchurtu, 2013)

**Methods** A 31-year-old man diagnosed with schizophrenia and HIV four years ago. At the beginning of last year, the patient was hospitalized in the Acute Psychiatry Hospital Unit because of decompensation. Two years after diagnosis of HIV, he stopped taking his medications and was arrested several times because misdemeanours. Furthermore, patient was highly sexually active in the form of unprotected sex with multiple partners, as he had no concept of his disease. In addition to this, he made a delusional interpretation about HIV (known as VIH in Spanish) as Immortal human life (Vida Immortal Humana). He was admitted in the hospital for a month and was treated with medications and psychotherapy, which led to good stabilization, and he gained insight of both of his illnesses. At the moment, one year after this episode, the patient is stable, taking both medications regularly and followed up by his psychiatrist in the Mental Health team.

**Conclusion** It is of extreme importance that psychotic patients with HIV receive a good follow-up during life, as decompensation can affect the patients' health and health of others, with the implicit consequences that it carries. (Uruchurtu, 2013)

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1774>

#### EV790

### Mindfulness, self-compassion and psychological distress in pregnant women

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