

plus attention is to the details, inadequacy of self-appraisal, feeling of inferiority, an increase necessity is for control and lordship over other, aggression (socially inadequate behavior, episodes of anger). **Conclusions** Psychopathological features presented in patients with comorbidity of PTSD and TBI are not specific and can be within the framework of other psychogenic, exogenous, organic, posttraumatic or neurological disorders and diseases. PTSD can combine with other psychical and somatic disorders that caused chronological and pathogenetical comorbidity in patients with both states.

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EV0221

Influence of depression on the quality of life after stroke

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Aim Approximately 30–60% of the stroke survivors suffers from depression. This, together with the physical changes after stroke may lead to a decline in their quality of life (QOL). The aim of this paper was to analyse the incidence of post-stroke depression, associated risk factors and its influence on the QOL.

Material and methods We carried out a prospective study on stroke patients during a period of 6 months. We excluded patients with dysphasia and aphasia. For each patient, we collected socio-demographic characteristics as well as clinical and therapeutic data. We used the Hamilton Depression Scale to screen for anxiety and depression, the SF-36 scale to assess the quality of life and modified Rankin scale (mRS) to measure the degree of disability.

Results We included 155 men and 143 women with stroke, with mean age of 58.15 years. Out of 298 analysed patients, depression was present in 147 (49.3%). Associated risk factors were hypertension, female gender and severity of stroke ($P < 0.05$). The mean score of the SF-36 was 52.18. Impaired QOL was found in 221 (74.1%) and mRS > 3 was found in 169 (57.1%) of the patients. Impaired mental component of QOL significantly correlated with the presence of depression ($P < 0.05$) and anxiety ($P < 0.05$). The severe degree of disability had a significant negative impact on all areas of QOL.

Conclusion Important effect after stroke is occurrence of depression which affects the QOL and functional outcome. All stroke patients should be evaluated for depression through regular interviews with them and their families or caregivers. Adequate antidepressant treatment should be given, in order to improve the QOL and physical rehabilitation.

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

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EV0222

A feasibility randomised controlled trial of extended brief intervention for alcohol misuse in adults with mild to moderate intellectual disabilities living in the community

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Introduction Extended brief interventions (EBIs) are effective in targeting alcohol misuse in the general population. However, little is known on the effects of EBI in adults with intellectual (also known as learning disabilities).

Objectives In this feasibility trial we compared EBI with usual care for alcohol misuse in adults with mild to moderate intellectual disability (ID).

Methods The study took place in three community ID services in England. Participants aged 18–65 years with reported alcohol problems, a score > 8 on the alcohol use disorder identification test (AUDIT), and IQ < 70 (+/5% CI) were recruited and were randomly allocated to either EBI (5 weekly sessions and 1 follow-up at 8 weeks) and usual care or usual care alone. Research assessments took place at baseline, two and three months.

Results Thirty individuals were randomised (15 in each arm). In regard to harmful drinking, at baseline, all the participants exceeded the relevant threshold. At 8 weeks, the proportion of participants with harmful drinking decreased to 60% for both groups, at 12 weeks it was decreased by 66.7% and 46.7% for the intervention and the control group respectively. The unit cost for the delivery of EBI is £ 430.

Conclusions Recruitment to this trial has been proven challenging as prevalence of alcohol misuse in the targeted population was lower than anticipated. EBI may provide an effective low intensity treatment for this population. Participants' and carers' feedback on their experience was overall positive.

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

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EV0223

Prevalence of ADHD and co-morbid conditions among university students

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Background Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by persistent difficulties with attention, increased impulsivity and hyperactivity. Comorbidity is often reported in adults with ADHD with a range of 60–100% of patients having at least one co-morbid condition.

Objective The purpose of this study is to determine the prevalence of ADHD among university students and to investigate some co-occurring symptoms and disorders.

Aims We aimed to raise awareness of adult ADHD and underscore its co-morbidity.

Method 486 undergraduate students at Bezmialem Vakif university in Istanbul filled in the Adult ADHD Self-Report Scale (ASRS), Beck Anxiety Scale (Beck-A), Beck Depression Scale (Beck-D) and a purpose-designed structured socio-demographic form.

Results Our results revealed that 6% of participants reported significant ADHD symptoms using 1.5 standard deviation above mean on the ASRS. 67% of students with significant ADHD symptoms had a psychiatric history other than ADHD. History of depression, anxiety and sleep problems were significantly higher in this group ($P < 0.05$). They scored higher on Beck-A and Beck-D ($P < 0.05$). Students with significant ADHD symptoms reported more night eating, binge eating behaviours and more headache ($P < 0.05$). There was no statistically significant difference in the history of epilepsy, asthma, allergy and diabetes. Family history of psychiatric disorder partic-