

EV0276

Role of online technology and social networking site at workplace

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Background Internet use has affected the pattern of working style at the workplace. Recent years have seen an increased use of online activities (especially pornography/gaming) at the workplace. It has been shown to affect productivity at the workplace. There is a dearth of literature from the Indian context in this area.

Aim This study was conducted to explore the pattern of pornography use & gaming at the workplace and its dysfunctions. Setting and design: The present study was a cross-sectional prospective study

Materials and methods The objective of the study was to assess the pattern of pornography use at the workplace. Five hundred employees having experience of Internet use for more than a year of various government/private sector organizations in Bengaluru were assessed using background data sheet, DSM V criteria, Internet addiction test & pornography addiction screening instrument. Users who were unwilling to participate were excluded from the study.

Results Seven to nine percent reported preference for Internet to work, meals, personal hygiene, sleep, and interaction with family members and effects on productivity. Three to four percent have excessive use of pornography & game.

Conclusions The present study has implications for evolving psychoeducational modules for the promotion of healthy use of technology.

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

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EV0277

Psychiatric morbidity managed by liaison psychiatry in a Tunisian populationN. Charfi¹, K. Hajbi^{2,*}, M. Maâlej Bouali¹, L. Zouari¹, N. Zouari¹, J. Ben Thabeb¹, M. Maâlej¹¹ CHU Hedi Chaker Sfax–Tunisia, psychiatry “C”, sfax, Tunisia² CHU Hedi Chaker Sfax–Tunisia, psychiatry, sfax, Tunisia

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Introduction The epidemiology of the association between mental disorders and medical illnesses is the subject of many research studies, mainly due to the worse prognosis associated with this comorbidity.

Objectives To investigate the psychiatric morbidity associated with somatic diseases in liaison psychiatry outpatients and to identify factors associated with this morbidity.

Methods A descriptive and analytical cross-sectional study was conducted. It took place at the psychiatry outpatient unit at CHU Hedi Chaker of Sfax in Tunisia. We collected 110 files of patients having a medical and/or surgical condition, addressed for the first time in 2014, as part of liaison psychiatry.

Results Major depressive disorder (MDD) and adjustment disorder (AD) with anxious and/or depressive mood were the most common diagnoses in liaison psychiatry (respectively 53 cases and 28 cases).

MDD has been diagnosed mainly during the course of three somatic illnesses: cancer, sciatica and hypertension, with respective rates of 90%, 85.7% and 60%.

The onset of a MDD during the evolution of a somatic disease was significantly more common in female patients ($P=0.04$) and those living in couple family ($P=0.005$).

Conclusion Among all psychiatric disorders, depression and AD were the most frequently associated disorders with somatic diseases. This comorbidity may be explained by the physiological and psychological impact of certain somatic diseases, the iatrogenic effect of certain treatments, or the involvement of a biological, psychological or environmental common factor for both conditions.

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EV0278

Treating out of the box: A psychiatry for all!L. Jouini^{1,*}, W. Homri¹, A. Mrabet², R. Zouche³, R. Labbane¹, B. Meddeb⁴, E. Gouider⁴¹ Razi hospital, “C” Psychiatry department, Tunis, Tunisia² Faculty of medicine of Tunis, preventive medicine department, Tunis, Tunisia³ Razi hospital, psychiatry outpatient Unit, Tunis, Tunisia⁴ Aziza Othmana hospital, center of Hemophilia, Tunis, Tunisia

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Introduction Psychiatrists used to focus on some chronic illness such as schizophrenia and bipolar disorder. However, non-psychiatric chronic illness also need psychiatric follow-up. Indeed, the reciprocal impact of chronic illness and depression is becoming increasingly clear. There is evidence that living with a chronic illness can increase the risk for depression and that depression can impair the quality of life (QoL).

Objectives We aim to assess the prevalence of depression in a chronic disease such as hemophilia and to evaluate the patients' QoL.

Methods Thirty-seven adults from the hemophilia treatment center were screened for depression using the Hamilton Scale for Depression. QoL was assessed using the norm based scores of the SF-36. When the group's score was below 47, the quality of life was below the average.

Results The average age of our population was 26.5 years. 46% were married, 27% achieved a superior level of education and 30% were jobless. Good social and professional integration were reported in 70% and 76% respectively. 77% of our sample had depressive symptoms which were mild (30%), moderate (24%) or severe (13%). The physical and mental Component Scores (PCS and MCS) of the SF-36 scored 46.48 and 43.45 respectively. PCS and MCS were significantly lower in patients with depressive symptoms ($P=0.002/P=0.048$). However, depressive symptoms and SF-36 scores did not differ according to education level, marital and professional status.

Conclusions Psychiatrists should be aware of the psychological impact of general chronic illness. Psychiatric consultations must be implemented in every general hospital.

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EV0279

Psychopathological features of mental disorders in IDPsO. Khaustova^{1,*}, N. Kovalenko²¹ Bogomolets National Medical University, Psychosomatic medicine and Psychotherapy, Kiev, Ukraine² URISFPDA, psychosomatic medicine, Kiev, Ukraine

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Objectives Violation of mental health is common in forced migrants. Lack of positive motivation to move and physical impossibility of further stay at home, mental trauma caused by the history and causes of migration; difficulties in adapting to new location

determine the formation of specific experience IDPs. The most common are psychogenic depression, anxiety and somatoform disorders.

Methods We had observed 60 IDPs aged 18 to 80 years: medical history, current complaints and mental state.

Results We allocated 3 groups: persons of retirement age with severe chronic physical illness or disability on physical illness (1 group); persons with disabilities to mental disease (group 2) and persons without chronic diseases or disability (relatively healthy, caring for the sick) (group 3). Group 1 patients have anxiety (51.4%) and depression (42.8%) syndromes; 25.7% of subjects showed suicidal thoughts and intentions; 25.7% have some PTSD symptoms, including avoidance, overexcited, emotional numbness, pointing to adjustment disorder. In group 2 patients, changes were not found in mental state. Despite traumatic events delusional story does not change, recurrence and relapse rating was stable. In some cases, patients begin to abuse alcohol. In 3 group 31.3% persons experienced depression, 25%-anxiety symptoms, combined with a severe somatic symptoms; 12.5% showed suicidal thoughts; in 18.7% were diagnosed adjustment disorders. So among IDPs the individuals with severe medical conditions are most vulnerable population in the formation of stress-related and neurotic disorders.

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EV0280

Psychological distress following spinal cord injury

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Introduction There is limited data on psychological burden following spinal cord injury (SCI) in Singapore.

Aims (1) To describe the prevalence of depression and anxiety at admission for inpatient rehabilitation and (2) describe the baseline characteristics that predict the development of anxiety or depression in patients following SCI.

Methodology We retrospectively reviewed medical records of SCI patients at admission from 01-06-2013 to 31-12-2015. The Hospital Anxiety and Depression Scale (HADS), ASIA score and demographics were collated.

Results A total of 157 subjects were included, 62.4% ($n=98$) were male with a mean age of 56.7 years. 43.4% ($n=68$) had a traumatic SCI with 73.9% ($n=116$) having had spinal surgery. The average length of stay was 46.6 days with most discharged to their own homes. Ten subjects screened positive for anxiety (6.4%) and 16 for depression (10.2%). 13.4% ($n=21$) screened positive for anxiety and/or depression. Two third ($n=95$) had injuries at the cervical level and 14% ($n=22$) scored ASIA A/B. 45.9% ($n=72$) was referred to the psychologist. A significantly higher proportion of subjects ($P<0.05$) who screened positive had a past psychiatric history, were prescribed antidepressants at admission and during rehabilitation. Significant differences were noted in primary caregiver (nursing home vs. others) following discharge when comparing those that screened positive vs. negative however there were no significant differences between baseline demographics, neurological level and ASIA score.

Conclusion Psychological burden following SCI is significant. Standardized screening and psychological support is warranted with special attention to those with a past psychiatric history.

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

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EV0281

Delirium: “The out of the track” of physicians

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Introduction Delirium is an acute clinical syndrome with diverse and multi-factorial etiologies. It has high prevalence in hospitalized patients and it is associated with serious adverse outcomes, increasing morbidity and mortality. Delirium requires a differential diagnosis with a wide range of mental disorders.

Aim To evaluate cases referred to liaison psychiatry in Hospital José Joaquim Fernandes, in regard to the frequency, cause and misdiagnoses of delirium.

Methods A retrospective analysis of liaison psychiatric referral from January to August 2016.

Results The overall referral consisted of a total of 111 cases. Delirium was the second most frequent referral (21.6%), after depression. Half of patients had an advanced age (71–90 years). A total of 44.8% of patients with delirium were misdiagnosed and the referral causes were “depression”, “dementia”, “aggressive behavior”, “agitation” and “schizophrenic psychosis”. The majority of patients were referred by internal medicine. The most frequent underlying conditions were: postoperative (27.6%), respiratory diseases (24.1%) and sepsis (17.2%).

Discussion/conclusion Delirium is one of the most frequent diagnoses in liaison psychiatry. This study supports the statement that delirium is often not recognized and that is misdiagnosed as a primary psychiatric illness, mainly, dementia or mood disorder. Although delirium is classified in ICD-10 as a psychiatric diagnosis and clinically manifests with a wide range of neuropsychiatric abnormalities, it is secondary to a medical/surgical disorder that requires urgent approach by the respective specialty.

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EV0282

Postictal psychosis – A complex challenge

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Introduction Patients with epilepsy have 6–12 times higher risk of suffering from psychosis, with a prevalence of about 7–8%, and the coexistence of these two conditions is associated with increased morbidity and mortality. The psychosis of epilepsy is generally split into two groups: interictal psychoses and postictal psychosis (PIP), and the latter has been estimated to represent 25% of all types. However, many of these episodes remain under-recognized and/or are often misdiagnosed.

Objectives To provide an overview of PIP.

Methods Literature review based on PubMed/Medline, using the keywords “epilepsy” and “psychosis”.

Results PIP has been recognized since the 19th century, when Esquirol described postictal “fury”. Although its etiology and pathogenesis remain poorly understood, several risk factors and etiopathogenic mechanisms have been suggested and analysed. An essential step in PIP management is its accurate and early diagnosis. Generally, before the onset of PIP there is a lucid period of one