

of additional use of the clarifying designation “synthetic cannabinoids/spice” at reference of patients using synthetic cannabinoids to the section of ICD-10 F12 “Mental and behavioural disorders due to use of cannabinoids” the agenda of clinicians.

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EW0277

Adverse childhood experiences, personality disorders and addiction: Which relationship?

F. Cerrato^{1,*}, G. Aluisio¹, P. Casadio², G. Di Girolamo¹, S. Valente¹, D. De Ronchi¹, A.R. Atti¹

¹ Psychiatry, Department of Biomedical and Neuromotor Sciences-Psychiatry, Bologna, Italy

² AUSL Romagna, Pathological Addiction Department, Faenza, Italy

* Corresponding author.

Introduction Stressful or traumatic events occurred during childhood do have a role in the genesis of personality disorders. Less is known about this remarkable association in people with addictive behaviors.

Aims This study aims to disentangle the relationship between childhood adverse experiences, personality disorders (PDs) and substance use disorders (SUDs).

Methods A cross-sectional naturalistic study of 320 consecutive SUDs outpatients attending an Italian addiction service. Participants were clinically evaluated by a semi-structured interview, the SCID-II (Structured Clinical Interview for DSM-IV Axis II PD), and the CECA-Q (Childhood Experience of Care and Abuse-questionnaire). Multivariate logistic regression analyses were used to estimate odds ratio (OR) and 95% confidence intervals (95% CI)

Results The prevalence rate of PDs in our sample of patients is 62.2%. PDs were associated with a history of physical punishment in childhood (OR = 1.82; CI 95%: 1.05–3.16; $P = 0.034$). Being exposed to three adverse events increases the risk of Cluster B PD (OR = 5.92; CI 95%: 2.21–15.92; $P < 0.001$). Heroin addiction increases the risk of Cluster B PD, both as previous (OR = 2.93; CI 95%: 1.49–5.75; $P = 0.003$) or current (OR = 4.34; CI 95%: 1.97–11.8; $P = 0.004$) consumption. Childhood institutionalization increases the probability of cluster B PD (OR: 2.15; CI 95%: 1.02–4.54; $P = 0.041$). Whereas being employed reduces the probability of both PDs and SUDs (OR = 0.54; CI 95%: 0.31–0.93; $P = 0.027$).

Conclusions PDs occurred in 62% of patients and were related to adverse childhood experiences and SUDs having detrimental effects on both social and occupational functioning. Being employed could be a protective factor on the development of PDs.

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EW0278

The prevalence and correlates of depression awareness in patients with alcohol use disorder

C. Charnsil*, R. Aroonrattanapong

ChiangMai University, Psychiatry, Chiang Mai, Thailand

* Corresponding author.

Introduction Alcoholic use disorder is a big problem in every country. It is the leading factor causing high disability-adjusted life year (DALYs). The National Institute of Mental Health Epidemiology Catchment Area found that 37% of people with alcoholic use disorder had comorbid along with psychiatric disorder especially depression. In order to successfully treat patients with alcoholic use disorder, we have to treat their comorbidity along as well.

Aim To examine the prevalence and correlation of depression awareness in patients with alcoholic use disorder.

Methods Inpatients and outpatients who were diagnosed with alcoholic use disorder and alcohol dependence were invited to participate in this research. Subjects who had any history of depressive disorder treatment before were excluded. The awareness of depression was determined by the Illness Perception Questionnaire-Revised, IPQ-R. Depressive disorder was determined by the Thai version of the nine-item Patient Health Questionnaire (PHQ-9).

Results Ninety subjects with alcoholic use disorder agreed to join this research. Twenty-nine of the 90 (32.2%) had depression due to the PHQ-9 scale. Twenty-three were aware that they had depression and that was related to alcohol use. Using the logistic regression analysis, there were no significant factors related to this awareness.

Conclusion There is high prevalence of depression in patients with alcoholic use disorder and most of them have awareness did not receive treatment for depression.

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Metacognitive awareness in cocaine addiction (MACA): Rationale and feasibility of an integrated intervention program

S. Cheli^{1,*}, F. Velicogna², P. Fioravanti³, A. Simeone⁴, C. Enzo², S. Di Natale², V. Cavalletti², M. Taddeo²

¹ University of Florence, School of Human Health Sciences, Florence, Italy

² Tages Charity, Center for Psychology and Health, Florence, Italy

³ Centro di Solidarietà di Firenze, Progetto Conoscenza, Florence, Italy

⁴ Tages Charity, Center for Psychology and Health, Padua, Italy

* Corresponding author.

Introduction Systematic reviews and meta-analyses report low-quality evidence to suggest a significant differential effectiveness between standard psychosocial interventions in reducing substance consumption. They highlight the presence of several types of treatments that usually integrate different approaches in a multimodal manner. CBT-based interventions seem to be the most effective ones in terms of dropouts and relapse prevention, particularly in cocaine addiction.

Objectives We discuss recent advances in experimental and clinical studies on cocaine addiction. We especially try to integrate emerging cognitive neuroscience evidences and results of the meta-analyses of the effectiveness of psychosocial interventions.

Aims The primary aim of this study is to explore the feasibility of a new multimodal intervention for cocaine addiction, namely MACA (Metacognitive Awareness in Cocaine Addiction). Secondary aims are to discuss: (i) rationale of integrating different approaches; (ii) preliminary results of a previous pilot-study; (iii) feasibility of present study using the RE-AIM (reach, effectiveness, adoption, implementation, and maintenance) framework.

Methods We describe and evaluate our model that comprises: – an individual short intervention based on dilemma-focused therapy; – a psycho-educational group based on standard CBT treatments; – a relapse-prevention group based on mindfulness protocols for addiction; – a follow-up online self-administered course and automatic personalized feedback.

Results Existing literature seems to support the need for new integrated programs. RE-AIM feasibility analysis shows promising results in integrating the proposed approaches in terms of symptoms reduction, relapse prevention and cost-benefit ratio.