

The average suicide attempts were 3.08 for patients with addictive behaviors and 2.00 for patients without SUD.

The association between SUD and the number of suicide attempts was not significant ( $P=0.375$ ).

The means of suicide attempts used were drugs in 12% of cases, 3% of cases by phlebotomy, 3% of cases by hanging, 3% of cases by immolation, 2% of cases of organophosphate ingestion, 3% of cases by defenestration, 3% of cases by the precipitation front of a vehicle and 1% of cases by drowning.

**Conclusions** Co-morbid SUD in individuals with BD is significantly associated with suicide attempts. Individuals with this co-morbidity should be targeted for intensive suicide prevention efforts.

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

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#### EV0195

### Intellectual developmental disorders, autism, and schizophrenia spectrum: New boundaries in the neurodevelopmental perspective

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**Background and aim** Recent evidences of clinical overlap, familial co-aggregation, and shared genetic alterations support a neurodevelopmental deviation to represent a probable common vulnerability factor not only for the psychiatric disorders included in the meta-structure of neurodevelopmental disorders, but also for other major psychiatric disorders, including schizophrenia.

The present paper reviews the literature to identify (1) positive and negative implications of the increasing enlargement of the group of neurodevelopmental disorders and (2) most useful clinical aspect for re-defining diagnostic boundaries between syndromic groups.

**Methods** The search purpose was reached through a systematic mapping of literature.

**Results** The last years' trend to increasingly enlarge the number of psychiatric features comprised in the autism spectrum should be better evaluated for potential negative impact on research and clinical resources for those autistic syndromes more reliable with Kanner's descriptions or associated with lower personal functioning profiles and different level of ID.

Crucial clinical aspects for the differentiation resulted to be age of onset, interest towards others, main positive symptoms, and anatomical anomalies of the central nervous system.

**Conclusions** While on one hand the neurodevelopmental perspective might contribute to a better understanding of the multifactorial aetiopathogenetic mechanisms underlying many psychiatric disorders and provide new intervention strategies, on the other hand it might determine a premature abandonment of the traditional nosology and the appearance of very broad spectrum conditions covering all the range of current psychopathology.

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#### EV0196

### One-year changes in psychiatric disorders following bariatric surgery

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**Introduction** Psychiatric disorders in obese patients range from 20% to 60%, with a lifetime prevalence as high as 70%. Bariatric surgery (BS) is an effective therapy for long-term weight control and ameliorates comorbidities. After BS, psychiatric outcomes are still a matter of controversy. Moreover, while psychosocial pre-surgical evaluation is mandatory, post-operatively psychiatric follow-up programs are lacking. Aim of this prospective study was to examine changes in psychiatric symptoms and weight over 1 year of follow-up among a population of individuals submitted to BS.

**Methods** One hundred forty eight participants were enrolled, 98 women and 50 men; mean age was 46 (SD = 10.7), and mean BMI was 46 (SD = 7.7). Clinical interview and self-report instruments were administered before and one year after BS. Depressive symptoms were measured using Beck Depression Inventory (BDI), Binge Eating Disorder was measured using Binge Eating Scale (BES).

**Results** One year after surgery 86% of patients achieved a percentage excess weight loss (%EWL)  $\geq 40\%$ . Rate of psychiatric comorbidities declined from 41% at pre-surgery to 12% at 1 year post-surgery,  $P=0.01$ . BDI mean score declined from 12 to 8,  $P>0.000$ . After BS, binge eating, depressive symptoms, and age were independent and significant predictors of %EWL ( $F_{6,523} = 79.599$ ,  $P < 0.0001$ ,  $adjR^2 = 0.471$ ).

**Conclusions** We reported an improvement of psychiatric symptoms through 1 year after BS. Post surgical binge eating disorder and depression were associated with less weight loss after surgery, adding to the literature suggesting that psychiatric disorder after surgery, unlike pre-surgery, are related to suboptimal weight loss.

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

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#### EV0197

### Improving dual diagnosis care in acute psychiatric inpatient settings through education

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**Background** Patients with co-existing substance use and mental disorder (dual diagnosis) have complex and challenging care needs. Acute psychiatric care settings play a vital role in providing services for patients with dual diagnosis as they often do not voluntarily seek treatment. This is significant in that recent data reveals that 57% of the psychiatric inpatients at an inner city hospital in Vancouver, Canada are characterized as dual diagnosis.

**Purpose** To develop an educational module which will equip nurses/practitioners with the skills and knowledge required to deliver evidence-based dual diagnosis care in acute psychiatric settings.

**Methods** A survey of 74 nurses working in acute psychiatric settings was completed to identify their learning needs and challenges. This was followed by a comprehensive review of evidence from literature to identify competencies, knowledge and skills needed to deliver dual diagnosis care. Content for the educational module was then validated by a panel of leading international experts on dual diagnosis. Two focus groups of acute psychiatric nurses were then