Methods Parents, enrolled in the Odense Child Cohort (OCC), answered the CBCL/1½–5 when the child reached 27 months of age. Parents with children above the age of four and a raw score ≥5 (90th percentile) on the PDP scale, received the Social Responsiveness Scale (SRS) questionnaire. Children with a high score on the SRS were invited to a clinical examination consisting of ADOS and ADI-R. Children in OCC were re-assessed with CBCL/1½–5 again at age five years.
Results Results will be presented at the EPA conference 2017 in Florence.
Conclusions The results may contribute to enhance the outcome of treatment by detecting children with ASD at an earlier age.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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e-Poster walk: Co-morbidity/dual pathologies and guidelines/Guidance – part 1

EW0080

Prevalence and predictors of ADHD symptoms in adults admitted for substance use disorder treatment: A prospective cohort study

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Introduction Substance use disorders (SUD) are common in adults with ADHD. A co-occurring ADHD diagnosis is associated with poorer treatment outcomes for both the ADHD and the SUD and higher rates of relapse to substance use.
Objectives To explore the relationship between ADHD and SUD longitudinally to identify factors to help improve treatment outcomes.
Aims Prevalence of ADHD symptoms was investigated in a national cohort of SUD patients one year after SUD treatment initiation. Factors at baseline related to ADHD symptoms were explored at follow up.
Methods Five hundred and forty-eight individuals were interviewed in a multi-center study involving 21 treatment facilities at treatment initiation and one year later ($n = 261$). ADHD symptoms were measured by the Adult ADHD Self Report Scale (ASRS-v.1-1) at follow-up. Individuals who screened positively for ADHD (ADHD +) were compared to those who screened negatively on baseline variables. Emotional distress was measured by Hopkin's Symptom Check List-25.
Results At follow-up 35% screened positively for ADHD. In bivariate analysis the ADHD+ group was older, was less likely to have children, reported lower educational level, had more frequent use of stimulants, cannabis and benzodiazepines, and experienced higher degree of emotional stress. When controlling for other significant variables in a logistic regression analysis, the ADHD+ group was associated with more frequent use of cannabis (OR 2.14; CI 1.08–4.23) and of higher psychiatric symptom burden (OR 1.79; CI 1.22–2.61).
Conclusions A high prevalence of ADHD symptoms and associated challenges underline the importance of systematic screening of individuals entering SUD treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0081

The duration of undiagnosed bipolar disorder: Impact of substance use disorders co-morbidity

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Aims Study the impact of substance use disorders (SUD) co-morbidity on the duration of undiagnosed bipolar disorder (DUBP).
Methods Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity. In our study DUBP was defined as the period between the first symptoms and the beginning of treatment by a mood stabilizer.
Results The beginning of addictive behaviour preceded the installation of bipolar disease in 32% of cases. Installation of bipolar disorder preceded the installation of addictive behaviour in 12% of cases. The beginning of addictive behaviour was concomitant with the installation of bipolar disease in 6% of cases. The average DUBP in the full sample was 4.80 years with a standard deviation of 8.04 and extremes ranging from 0.08 to 37.5.
The average DUBP in patients with SUD co-morbidity was 5.91 years with a standard deviation of 8.16 and extremes ranging from 0.08 to 35, and 3.68 years with a standard deviation of 7.84 and extremes ranging from 0.08 to 37.5 in patients without SUD co-morbidity.
Conclusions According to studies over two thirds of patients with bipolar disorder received misdiagnoses before diagnosis of BD, and among the factors involved can report the presence of SUD co-morbidity. Hence, we should detect BD among patients with SUD.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0082

Smoking, preparing the patient with a severe mental disorder for change

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Introduction Smoking is a serious health problem for people with mental illness like the bipolar disorder patients. The developmental of motivational tools such as brief intervention it is necessary in the context of community care.
Objectives Evaluating the change in motivational stage after brief intervention and evaluating the clinical and smoking factors in relation with this.
Methods Two hundred and twenty patients diagnosed with bipolar disorder (according DSM-5 criteria) that were in the euthymic phase (defined as less than 7 points in YMRS and 10 points in HDRS) and attended the community care centers of three provinces of Andalusia (Spain). Patients who consumed in the last month qualified for the level of motivation for change (measured by URICA scale).