Introduction   Health related quality of life (HRQoL) can be measured and compared, to give us an understanding of the impact different diseases have on health. The diagnostic tests for attention-deficit/hyperactive disorder (ADHD) in adulthood fail to catch the diversity of ways the condition affects one's life. Disease-specific quality-of-life scales try to reach beyond the typical symptoms of the condition, to find those specific difficulties a person subjectively grades as challenging.

Objectives   To assess the levels of general and disease-specific HRQoL in adults with ADHD-like symptoms.

Aims   To understand the impact ADHD-like symptoms have on adults' HRQoL.

Methods   A random, nationwide sample of 3000 Finnish speaking citizens (aged 18-44 years) was drawn from the national population register. A subsample of 171 people, 57 screener (Adult ADHD Self-Report Scale [ASRS]) positive cases and two age- and sex-matched controls for each case, participated in a telephone interview. General HRQoL was measured with 15D, and disease-specific HRQoL with Adult ADHD Quality-of-Life (AAQoL) scale.

Results   The 15D score was 0.866 for the screener positives, 0.943 for the controls, and 0.945 for the Finnish population reference. The difference between the screener positives and controls was significant ($P < 0.001$). The AAQoL sum score was worse for the screener positives than controls (61.9 vs. 82.1, $P < 0.001$), and all the subscales were affected accordingly.

Conclusions   Adults with ADHD-like symptoms have a lower quality of life, as measured both on the general and on the condition-specific quality of life scales.

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

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EW242

Psychiatric disorders in mass media and social networks: A media impact study

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Introduction   Every year, 1 million people commit suicide in the world. Major Depressive Disorder is the first cause of loss of Disability-Adjusted Life Years (DALYs) in developed countries.

Objective   To study the references to psychiatric disorders in the media and to measure their media impact compared with other topics such as politics, sports and tabloids.

Methods   We focused on the top-six journals in terms number of readers in the USA. Our research strategy included the introduction of several terms of interest (ex: "anxiety") on each journal's Twitter account. The search was restricted to 2014, and yielded a database of 6296 news, which was categorized in four areas: health, politics, sports and tabloids.

Results   Six hundred and eighty-one (10.8%) news dealt with psychiatric disorders. The term with the highest impact in mass media was "suicide", present in 1 of every 3 Psychiatrics-related news. Anorexia was the psychiatric disorder with the lowest impact (just 1 tweet). We noticed certain peaks-patterns in the number of tweets coincidentally with the suicide of any famous person. Within the total of terms included in our study, suicide ranked the 8th position regarding media impact.

Conclusions   Social networks can be a useful tool for the divulgation of mental disorders and their awareness among the general population. Despite psychiatric disorders are very prevalent and cause high morbidity, they have a relatively low media impact.

Despite the WHO recommendation of avoiding specific information regarding the suicide of famous people, for preventive reasons, suicide is the psychiatric disorder with the highest media impact.

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

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EW243

The Psychiatry consultation in primary health care setting at an Oporto Area: Sociodemographic and clinical data

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Introduction   The Psychiatry consultation is a collaborative approach between primary health care services and community mental health teams. Our clinic provides support to three Oporto areas (Bonfim/Paranhos, Campanhã and Maia/Valongo) corresponding to a population of 350,000 inhabitants.

Objectives   To analyze and collect Psychiatry consultation data of the first semester of 2015 in Maia/Valongo region. We aim to describe our population's sociodemographic characteristics, the most common referral motive, diagnosis and therapeutics, and orientation.

Methods   Psychiatry consultation data of the first semester of 2015 were collected and analyzed using SPSS software (version 20).

Results   One hundred and sixty-one patients were evaluated. A total of 26.09% were male and 73.91% were female. The mean age was 51.61 years old. The most frequent referral motives were depressive (47.82%) and anxiety (23.60%) symptoms. The two most common diagnostic groups according to the International Classification of Diseases (version 10) were F30-F39–Mood affective disorders (57.76%) and F40-F48–Neurotic, stress-related and somatoform disorders (18.63%). 22.36% of the patients were referred without medication, but only four were discharged drug-free, corresponding to bereavement situations. 34.16% of our population were previously prescribed two or more psychotropic drugs, increasing to 63.98% after assessment. Only 18.63% met criteria to hospital referral.

Conclusions   The Psychiatry consultation selects the most severe patients and allows a faster evaluation of mentally ill patients awaiting hospital consultation, thus preventing unnecessary access to the emergency room. Authors consider that all the patients referred to a hospital consultation should be previously evaluated by a consultant psychiatrist on a primary health care setting.

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

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EW245

Unemployment and the rate of new contacts with mental health services in South London

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Introduction   Unemployment is a risk factor for later development of mental health problems, but characterisation of this in real world clinical data is limited. This study aimed to investigate the associ-

ation between employment status and time-to-first-contact with mental health services using survey data linked to electronic health records(EHR).

Methods SELCoH (*n* = 1698, 2008–2010) was a representative population survey of South East London, with a 71.9% household participation rate. Anonymised survey data for participants was linked with EHR, generating survival data for time-to-first-contact. Cox regression was used to assess associations between unemployment and time to first contact with mental health services.

Results The rate in the unemployed was 22.84 contacts per 1000 person-years, and in those not unemployed, it was 10 contacts per 1000 person-years. The crude (age-adjusted) hazard ratio (HR) for unemployment was 3.09 (95% CI: 1.66–5.75). The HR for contact for unemployment, after adjusting for age, gender, ethnicity and education, was 2.8 (95% CI: 1.44–5.47). On addition of symptoms of common mental disorder, post-traumatic stress, psychosis and suicide attempts, to the model, unemployed participants remained at elevated risk (HR:2.65, 95% CI: 1.33–5.27). Finally, illicit drugs and alcohol had minimal influence on estimates, giving a fully-adjusted estimate for the association between unemployment and rate of contact of 2.6 (95% CI: 1.31–5.14).

Conclusions Unemployment was associated with a greater than two-fold increase in risk of accessing mental health care for the first time within the observation time, after adjustment for sociodemographic confounders, psychopathology, and substance use. Explanations for this association could include unobserved confounding, health behaviours associated with unemployment or effects of unemployment on stress processing.

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

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EW247

The evaluation of the effects of daytime sleepiness, anxiety and depression on the quality of life in 112 emergency medical staff

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Introduction One hundred and twelve emergency medical staff are faced with many physical and mental problems due to the deterioration of their sleep-wake cycle and getting out of their usual work and social life.

Objectives The aim of this study was to examine the effects of anxiety, depression, day time sleepiness on the quality of life in 112 emergency medical staff.

Methods Target population of this cross-sectional study was the 112 emergency medical staff in the province of Rize. We tried to obtain all the universe (*n* = 154), so the sample was not selected. One hundred and four people (67%) participated in the study. In the data form, Epworth sleepiness scale, Beck Anxiety Inventory, Beck Depression Inventory and the SF-36 quality of life questionnaire were applied.

Results The prevalence of pathological sleepiness was 14.4% (*n* = 15), the prevalence of anxiety was 39,8% (*n* = 41), the prevalence depression was 20,2% (*n* = 21), respectively (Table 1).

Conclusion Based on high levels of anxiety and depression that reduces quality of life compared to the general population in 112 emergency services workers, motivational programs, coping strategies, psychological counseling services are required. Also, against the psychosocial risk factors forming anxiety and depression in the working life, organizational measures must be taken.

Table 1 The correlation between depression, anxiety and sleepiness scores with the subscores of the quality of life scale in 112 emergency medical staff.

	Physical functioning	Role limitations due to physical health	Role limitations due to emotional problems	Energy/ fatigue	Emotional well being	Social functioning	Pain	General health
Depression								
r	−0.12	−0.32*	−0.39*	−0.47*	−0.44*	−0.32*	−0.31*	−0.44*
p	0.234	0.001	< 0.001	< 0.001	< 0.001	0.001	0.002	< 0.001
Anxiety								
r	−0.22*	−0.33*	−0.35*	−0.31*	−0.32*	−0.27*	−0.39*	−0.25*
p	0.027	0.001	< 0.001	0.002	0.002	0.007	< 0.001	0.014
Sleepiness								
r	−.024*	−0.22*	−0.12	−0.24*	−0.11	−0.27*	−0.30*	−0.06
p	0.019	0.035	0.268	0.019	0.305	0.008	0.003	0.592

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EW248

Is body weight dissatisfaction associated with depression?

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Introduction Body image dissatisfaction is a risk factor for depression. Research has focused on female adolescents; yet little is known about sex and age differences.

Objectives/aims The aim of our study was to evaluate the association of body weight dissatisfaction, a component of body image, with depression overall, and for different sex and age-groups independent of body weight.

Methods We analyzed data of 15,975 individuals from the cross-sectional 2012 Swiss Health Survey. Participants were asked about their weight satisfaction. Patient Health Questionnaire (PHQ-9) was used to ascertain depression. Age was stratified in three groups ($\geq$ 18-29; $\geq$ 30-59; $\geq$ 60 years). Body mass index (BMI) was self-reported and categorized into normal weight (BMI: 18.5-24.9 kg/m^2), overweight (BMI: 25.0-29.9 kg/m^2), and obesity (BMI: $\geq$ 30 kg/m^2). The association between weight dissatisfaction and depression was assessed with logistic regression analyses and adjusted for known confounders (including BMI).

Results Weight dissatisfaction was associated with depression in the overall group (OR: 2.04, 95% CI: 1.66-2.50) and in men (1.85, 1.34-2.56) and women (2.25, 1.71-2.96) separately, independent of body weight (multivariable adjusted). Stratification by age groups revealed associations of weight dissatisfaction with depression in young (1.78, 1.16-2.74), middle-aged (2.1, 1.61-2.74) and old individuals (2.34, 1.30-4.23) independent of BMI. A sub-analysis in the overall group revealed statistically significant positive associations of weight dissatisfaction with depression in underweight, normal weight, overweight and obese individuals.

Conclusion Body weight dissatisfaction is associated with depression in men, women, young, middle-aged and old individuals independent of BMI.

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

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EW253

Type A personality and its association with mortality: Considering different analysis approaches of the Bortner Scale

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