

Results Statistically significant differences between groups were observed. The consumers group (ss + sn) had an earlier age of onset, most were male, unemployed, single, prone to loneliness and they were concomitant users of alcohol and tobacco.

Conclusions The use of cannabis has a detrimental effect on the outcome of schizophrenia. A specific and early intervention could contribute to prognostic improvements. Identifying cannabis consumption subtypes could be useful for this purpose.

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

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EW0599

Association between ADHD and psychopathy among inmates in a high-security prison in Portugal

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Introduction ADHD is associated with psychopathic traits, both in the general population and in perpetrators, due to the impulsivity, but not the affective component of psychopathy.

Objectives To analyze this relationship among a sample of inmates from a high-security male prison, using an instrument that further divides the callous-unemotional factor of psychopathy into boldness and cruelty, and see if they relate to ADHD independently from the impulsivity/disinhibition.

Methods One hundred and one subjects aged 18–65, with at least 4 years of formal education, were interviewed for socio-demographic data and completed the ASRS-v1.1 (Adult ADHD Self-Report Scale) and the TriPM (Triarchic Psychopathy Measure). Subjects were divided into ADHD positive or negative according to their score in the ASRS-v1.1, and then compared regarding TriPM score (total, disinhibition, boldness and cruelty) using Student's *t*-test. Linear regression was used to assess independency between the subscales of TriPM.

Results Seventeen subjects scored positive for ADHD. They significantly differed from the non-ADHD group regarding all psychopathy scores (total, $t = -5.03$, $P < 0.0001$; disinhibition, $t = -3.53$, $P = 0.0006$; and cruelty, $t = -4.96$, $P < 0.0001$), except for boldness ($t = 1.97$, $P = 0.005$). The cruelty score is independent from boldness ($R^2 = 0.03$) but not from the disinhibition score ($R^2 = 0.24$). Disinhibition and boldness are also unrelated ($R^2 = 0.01$).

Conclusions In line with previous work, our study shows a strong association between ADHD and psychopathy, with both conditions sharing the disinhibition/impulsivity factor. Although ADHD subjects score higher for cruelty, this isn't independent from disinhibition, and may be a result of them being more prone to admit to cruel behaviours, due to deficient response inhibition.

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EW0600

Novel psychoactive substances in a psychiatric young adults sample: A multicenter, observational study

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Introduction Comorbidities between psychiatric diseases and consumption of traditional substances of abuse are common. Nevertheless, there is no data regarding the use of novel psychoactive substances (NPS) in the psychiatric population.

Objectives The purpose of this multicentre survey is to investigate the consumption of a wide variety of psychoactive substances in a young psychiatric sample.

Methods Between September 2013 and November 2015, a questionnaire has been administered, in ten Italian psychiatric care facilities, to a sample of 671 psychiatric patients (48.5% men; 51.5% women), aged between 18 and 26 years (mean age: 22.24).

Results 8.2% of the sample declared use of NPS at least once in a lifetime and 2.2% have assumed NPS in the last three months. The NPS more used were synthetic cannabinoids (4.5%), followed by methamphetamine (3.6%). The three psychiatric diagnosis with more frequent NPS consumption were bipolar disorder (23.1%), personality disorders (11.8%) and schizophrenia and related disorders (11.6%). Bipolar disorder was associated with NPS consumption ($P < .001$). Among the illicit drugs investigated, 31.4% of the sample was cannabis smoker and 10.7% cocaine user. Moreover, 70.6% of the sample declared alcohol use and 47.7% had binge drinking conducts. In univariate regression analysis, bipolar disorder was positive associated with binge drinking while obsessive compulsive disorder resulted negative associated.

Conclusions The use of novel psychoactive substances in a young psychiatric population appears to be a frequent phenomenon, probably still underestimated. Bipolar disorder shows an association with NPS use. Therefore, careful and constant monitoring and accurate evaluations of possible clinical effects related to their use are necessary.

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EW0601

Personality traits and tobacco smoking among male alcoholics with secondary depression

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Introduction After alcohol withdrawal, secondary depression may persist and might be a risk factor for relapse among primary alcoholics.

Objectives The differences between male alcoholics with secondary depression (D) and without depression (wD) regarding the personality dimensions and tobacco smoking were explored.

Aims The aim was to investigate risk factors for secondary depression.

Methods One hundred male primary alcoholics were recruited during inpatient treatment, and 86 completed the study. The assessment of depression by Hamilton Depression Rating Scale - HAMD (Hamilton, 1960), the pattern of cigarette use and personality dimensions assessment by Eysenck personality questionnaire - EPQ (Eysenck & Eysenck, 1975) were performed for all participants on admission. After four weeks according HDRS cut off score, they were divided into D group ($n = 43$) and wD ($n = 43$) group. The differences between groups were tested by Student *t*-test and Pearson's correlation test was applied.

Results The personality traits showed difference between D and wD alcoholics' subgroups for neuroticism 15.07 ± 4.89 vs. 10.37 ± 4.40 ($P < 0.01$) and for extraversion 11.74 ± 5.05 vs. 14.30 ± 4.24 ($P < 0.05$) respectively. The positive correlation between the mean HDRS score and neuroticism ($r = 0.487$, $P < 0.001$), without significant correlation between other EPQ dimensions and

depression was recorded. The D group started smoking earlier, but without differences of cigarettes daily.

Conclusions The group of alcoholics with depression started smoking earlier. They were characterized by higher neuroticism and lower extraversion on admission, which could predict persistent secondary depression. Screening on personality traits among alcoholics on admission could improve prevention of secondary depression after alcohol withdrawal.

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EW0602

Addictive status in neurotic disorders

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Introduction At the present stage of psychiatry development, the problem of co-morbidity, which is an important factor determining the effectiveness of treatment. One of such tendencies is the combination of neurotic pathology and addictive behavior (AB).

Objectives To research AB features in neurotic disorders.

Methodology One hundred and forty-eight patients with neurotic disorders: neurasthenia (F48.0), dissociative disorder (F44.7), anxiety-phobic disorder (F40.8), according to ICD-10 criteria. Clinical-psychopathological, psychodiagnostic (AUDIT-like tests), statistical methods were used.

Results It was found out that the patients with neurotic disorders had a high risk of AB formation (59.73%). The most prominent among AB were: the use of psychoactive substances (tea/coffee [11,682], tobacco [8,091], sedatives [6,964], food addiction [14,036]), as well as socio-acceptable AB, such as Internet (13,527), watching television (9,982), computer games (2,909), shopping (7,264), workaholism (15,018). Socio-demographic characteristics of the generation of neurotic disorders with AB were determined: young age (50.46%), AB presence among the surrounding people (91.64%), a short interval of time between the psychogenic factor exposure and the first signs of neurotic disorder (50.46%). The clinical pattern of neurotic disorders with AB was characterized by a predominance of anxiety-obsessive (35.78%), as well as anxiety-phobic (45.95%) syndromes associated with AB: "Shopping" (−0.32; −0.51, respectively), "Sleeping pills, sedatives" (−0.37; −0.42), "Sex" (−0.41; −0.37) and "Tea/coffee" (−0.34; −0.39).

Conclusions The data obtained determine AB specificity and should be taken into account in pharmaco- and psychotherapy.

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EW0603

Addiction co-morbidity in bipolar disorder

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Introduction Addiction is often underdiagnosed in bipolar disorder (BD), although it is frequent and known to complicate its clinical course.

Objectives The aim of our study was to study socio-demographic and clinical factors associated with addiction in BD patients.

Methods This is a retrospective, cross-sectional, descriptive and comparative study on 100 patients followed in our department and diagnosed with BD type I according to DSM 5. Demographic and clinical data was compared across the groups: Addiction+ (A+) and Addiction− (A−).

Results Nineteen patients had an addiction co-morbidity (A+), whereas 81 had not (A−). The mean age of the (A+) group was 39.47 years whereas it was 42.52 years in the (A−) group. Males represented 68.4% of the (A+) group and 48.1% of the (A−) group. Age of illness onset was lower in the (A+) group (mean = 23.16, median = 21) compared to the (A−) group (mean = 26.04, median = 27). Addiction co-morbidity was significantly associated with predominant manic polarity ($P=0.03$). All (A+) patients presented mood episodes with psychotic features, whereas psychotic features were only found in 86.6% of (A−) patients. Co-morbid addiction was significantly associated with a higher number of mood episodes ($P=0.04$), a higher number and duration of hospitalisations ($P=0.02$, $P=0.015$), and a poorer compliance ($P=0.07$). All A+ subjects received antipsychotics, and they were significantly more to receive long-acting antipsychotics ($P=0.06$).

Conclusions Addictions worsen the prognosis of bipolar disorder and require specific therapeutic strategies. They deserve therefore the particular attention of clinicians.

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EW0604

Trajectories of depression and anxiety symptoms in coronary heart disease strongly predict health care costs

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Introduction There is little information describing the trajectories of depression and anxiety symptomatology in the context of coronary heart disease (CHD), and their comparison according to sociodemographic and disability measures, cardiac risk factors, and health care costs.

Methods Using a primary care cohort of 803 patients with a diagnosis of CHD, a latent class growth curve model was developed to study the distinct trajectories of depression and anxiety symptoms (using the hospital anxiety and depression scale) over a 3-year period comprised of 7 distinct follow-up points. Multinomial regression analysis was then conducted to study the association between latent classes, baseline risk factors, and total health care costs across time.

Results The 5-class model yielded the best combination of statistical best-fit analysis and clinical correlation. These classes were as follows: "stable asymptomatic" ($n=558$), "worsening" ($n=64$), "improving" ($n=15$), "chronic high" ($n=55$), and "fluctuating symptomatology" ($n=111$). The comparison group was the "stable asymptomatic" class. The symptomatic classes were younger and had higher proportion of women, and were also associated with non-white ethnicity, being a current smoker, and having chest pain. Other measures of disease severity, such as a history of myocardial infarction and co-morbidities, were not associated with class membership. The highest mean total health care costs across the 3 years were the "chronic high" and "worsening" class, with the lowest being the "improving" and "stable low" classes. The total societal