

Conclusions Kerner was very much influenced by Mesmer and left volumes of psycho-pathological case histories that helped to prepare a way for a medicine more psychotherapeutically founded.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EV0865

Anxiety and depression in patients with gastroesophageal reflux disorder

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Introduction Evidence shows an influence relationship between described symptoms of gastroesophageal reflux disorder (GERD) and emotional state.

Objectives/aims The current study aimed to evaluate the relationship between anxiety and depression with GERD in the patients referred to the endoscopy unit of Bouali-Sina hospital of Qazvin.

Methods Two hundred individuals (100 patients with GERD and 100 healthy individuals as control group) were enrolled into the current study. All subjects completed the hospital anxiety and depression questionnaire. GERD was diagnosed based on Los Angeles classification system. Demographic and socioeconomic characteristics in addition to clinical history of subjects were collected and analyzed using proper statistical methods.

Results Among the recruited patients, 50 subjects had erosive esophagitis (ERD) and 50 had non-erosive esophagitis (NERD). The anxiety score was significantly higher in the NERD group than ERD and control groups ($P < 0.001$; $P = 0.017$). In addition, the anxiety score was significantly higher in the ERD group than the control group ($P = 0.014$). The score of depression was higher in NERD group than ERD and the control groups, but not significant regarding the ERD group ($P < 0.001$). There was no significant difference among the groups regarding age, gender and body mass index (BMI). The number of smokers was significantly higher in the ERD group than the ERD and control groups ($X^2 = 39.59$, $DF = 6$, $P < 0.001$).

Conclusion The current study showed that mental factors (anxiety and depression) play important roles in the development of GERD, especially NERD; therefore, it is recommended to consider these factors to select suitable treatment plan.

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Psychiatric causes of unfitness for military service

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Introduction The national service is a duty for every Tunisian citizen. The knowledge of psychiatric causes of unfitness for military service would enable developing standardized procedures for selecting and psychiatric assessment of young candidates.

Objectives Determination of the diagnostic categories, frequency and factors associated with psychiatric causes of unfitness for military service.

Method This was a retrospective, descriptive study, performed on medical files of candidates examined between the 1st of January and the 31st of December 2015 at the military hospital of Tunis.

Results Eight hundred and seventy-two subjects were examined as a part of an assessment for mental fitness for military service. They were male, single, with an average age of 23.73 ± 3.5 years. Alcohol was consumed by 17.9% of subjects, cannabis by 12.8% and psychotropic by 4.7%. Fourteen percent had self-mutilation, 8.5% had criminal record and 5.3% had tattoos. Military unfitness was found in 80.8% of cases. The main causes of unfitness were anti-social personality disorder (40.6%), hysterical neurosis (14.9%), adjustment disorders (14.5%) and limited intellectual level (7.5%). The average length of service before found unfit was 9.14 months for anti-social personality, 5.94 months for adjustment disorders and 1.78 months for psychotic disorders. This period was significantly longer for the personality disorders (8.62 months) compared to psychotic disorders ($P = 0.013$) or to non-psychotic disorders (5.05 months, $P < 0.001$).

Conclusion The evaluation on the mental ability of military personnel must be performed at an early date, given the financial, material and human consequences that would result from a delayed diagnosis.

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Assessing the risk of venous thromboembolism in psychiatric in-patients

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Introduction Venous thromboembolism (VTE) is a potentially fatal condition. Hospital-associated VTE leads to more than 25,000 deaths per year in the UK. Therefore identification of at-risk patients is crucial. Psychiatric in-patients have unique factors which may affect their risk of VTE (antipsychotic prescription, restraint) however there are currently no UK guidelines which specifically address VTE risk in this population.

Objectives We assessed VTE risk among psychiatric inpatients in Cardiff and Vale university health board, Wales, UK, and whether proformas currently provided for VTE risk assessment were being completed.

Methods All acute adult in-patient and old age psychiatric wards were assessed by a team of medical students and a junior doctor over three days. We used the UK department of health VTE risk assessment tool which was adapted to include factors specific for psychiatric patients. We also assessed if there were concerns about prescribing VTE prophylaxis (compression stockings or anticoagulants), because of a history of self-harm or ligature use.

Results Of the 145 patients included, 0% had a completed VTE risk assessment form. We found 38.6% to be at an increased risk of VTE and there were concerns about prescribing VTE prophylaxis in 31% of patients.

Conclusions Our findings suggest that VTE risk assessment is not being carried out on psychiatric wards. Staff education is needed to improve awareness of VTE. Specific guidance for this population is needed due to the presence of unique risk factors in psychiatric in-patients and concerns regarding VTE prophylaxis.

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