

disorder or bipolar I disorder were enrolled in this study, from the community mental health department of Ferrara.

Results The tests were administered to 110 patients (mean age: 45 ± 11.4) and to 86 controls (mean age: 35 ± 12.6) of both sex. SCIP presents high correlation with the R-BANS total score ($P < 0.01$) and the subscales (verbal learning test-immediate, working memory, verbal fluency test, verbal learning test-delayed, processing speed test, $P < 0.01$). There are significant differences ($P < 0.01$) in all SCIP dimensions between patient and control group (Table 1).

Conclusions Our analysis confirm the results of the English, French and Spanish version of the SCIP regarding convergent and discriminant validity. The SCIP represents a valid, simple and brief screening tool for the cognitive evaluation of patients with schizophrenia-spectrum disorders.

Table 1

SCIP subscales	Neuropsychological battery test(s)	Domains	r
VLT-I	RBANS	Immediate Memory	0,64*
WMT	RBANS	Attention	0,32*
	TMT A	Time for task	0,27*
	TMT B	Time for task	0,34*
	WCST	Perseverative errors	0,31*
VFT	RBANS	Language	0,50*
VLT-D	RBANS	Delayed Memory	0,52*
PST	RBANS	Visuospatial/Constructional	0,00
	RBANS	Attention	0,26*
	TMT A	Time for task	-0,47*
	TMT B	Time for task	-0,44*
	WCST	Perseverative errors	0,28*
Total score	RBANS		0,51*

VLT-I: verbal learning test-immediate; WMT: working memory test; VFT: verbal fluency test; VLT-D: verbal learning test-delayed; PST: processing speed test; R-BANS: repeatable battery for the assessment of neuropsychological status; TMT: trail making test; WCST: Wisconsin card sorting test. $P < 0.01$.

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EW0661

Effects of switching antipsychotics in 80 outpatients: A descriptive analysis from a mental health community

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Introduction In the general practice, psychiatrists widely prescribe antipsychotics for several conditions as schizophrenia, bipolar disorder and behavioral disorders among others.

Aim and objectives The aim of this study is to describe the clinical and sociodemographic features of typical patients receiving antipsychotics and their effects after switching to long-acting treatment.

Methods A descriptive analysis of 80 outpatients collected from a mental health clinic in Santander (Spain) was performed. All patients were taking antipsychotics at baseline, both oral and intramuscular, and were switched to a different long-acting antipsychotic drug.

Results At baseline, 24 patients were taking oral medication and 56 intramuscular. There were 37 females and 43 males. There were no gender differences in the final treatment, but Palmitate Paliperidone (71.3%) was the most prescribed drug, followed by intramuscular risperidone (16.3%) and long-acting aripiprazole (11.3%). We found gender differences regarding cannabis ($P = 0.002$), alcohol ($P = 0.004$) and tobacco ($P = 0.043$) consumption, being their use more common in males. In regard to diagnosis, schizophrenia was predominant in both gender groups, whereas

delusional and behavioral disorders were more frequent in females. There were no significant differences in the reason of switching, but the inefficacy was more common in males and the side effects in females. At the switching, females were significantly older than males ($P = 0.003$). We found significant differences before and after switching regarding the number of admissions, emergency visits and length of stay.

Conclusions Antipsychotic benefits are individual and unpredictable. When switching, some other different factors should be taking in account, not only regarding medication.

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Association between smartphone addiction proneness and poor sleep quality in Korean university students

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Background The number of Korean smartphone users exceeded 40 million in 2015, in which roughly 1 in 5 university students were expected to be addicted to their smartphone. Of importance is that smartphone addiction negatively affects physical and mental well-being and health. Sleep problems associated with smartphone is also a serious public concern; but the evidence is lacking. The aim of this study is to investigate the association between smartphone addiction proneness and sleep problems in Korean university students.

Methods We conducted an online-survey which received responses from 608 university students. All participants completed questionnaires on the Korean smartphone addiction scale (K-SAS), the Pittsburgh Sleep Quality Index (PSQI), and personal characteristics. Based on the scores of the K-SAS, university students were classified into two groups—the addiction proneness group and the normal-user group.

Results The addiction proneness groups had a higher PSQI score than the normal-user group (7.5 vs. 6.7, P -value < 0.0001). After adjustment for potential covariates (i.e., age, income, and smoking), PSQI scores was significantly increased in the addiction proneness groups (Beta coefficient = 0.69; 95% CI: 0.29 ~ 1.09). The risk of sleep problems was more increased in the addiction proneness groups (odds ratio = 1.99; 95% CI: 1.33 ~ 2.98) than the normal-user groups.

Conclusion We found that the smartphone addiction proneness was associated with sleep problems in university students. Although our findings are further confirmed by elucidating causal relationships between smartphone uses and sleep habits, smartphone addiction proneness may be a risk factor for poor sleep quality.

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EW0663

Methylphenidate challenge followed by therapeutic drug monitoring in adults with attention deficit/hyperactivity disorder: Clinical effects and its predictors

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Introduction Attention deficit/hyperactivity disorder (ADHD) affects 5–6% of adults. Methylphenidate challenge is used to test functions such as concentration. Therapeutic drug monitoring (TDM) identifies optimal drug ranges in plasma.

Objectives/Aims We aimed to: assess the clinical impact of the drug challenge in adults with ADHD; analyze the relationship with the drug plasma levels after the challenge; identify predictors of the challenge's clinical impact.

Methods In 2015–2016, we recruited 45 consecutive adult DSM-5 ADHD outpatients (mean age \pm SD = 35.3 \pm 2.1 years; females = 64.4%) at the Bolzano hospital department of psychiatry. Before and after administration of methylphenidate 10 mg, we measured concentration, impulsivity, tension, and general well-being with a VAS and an interview. After two hours, TDM was performed. Deltas were calculated for pre-/post-challenge measures. Correlations were measured with Pearson's *r*/point-biserial coefficient. A generalized linear mixed model estimated the size of association between tension/general well-being improvement and patient characteristics.

Results After the challenge, the mean improvement \pm SD was 24 \pm 22 for concentration, 17 \pm 23 for impulsivity, 21 \pm 28 for tension, 16 \pm 24 for general well-being. The mean TDM \pm SD was 4.6 \pm 0.5 ng/mL. A negative correlation between TDM, tension ($P=0.009$), and general well-being ($P=0.028$) after the challenge emerged: higher drug plasma levels relate to less tension and greater general well-being. At the GLMM the main predictor for tension/general well-being improvement was psychopharmacological treatment ($P=0.011/P=0.05$, respectively). Older age and difficult tasks prevented improvement.

Conclusions Methylphenidate challenge had a positive effect on all patients' performance. TDM values were lower than literature ones, although the latter are usually obtained after the administration of methylphenidate 20 mg.

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EW0665

Sensitivity and specificity of the Italian version of the bipolar spectrum diagnostic scale. Different scores in distinct populations with unipolar depression

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Introduction To date, the proposition of recurrence as a subclinical bipolar disorder feature has not received adequate testing.

Objectives/Aims We used the Italian version of the bipolar spectrum diagnostic scale (BSDS), a self-rated questionnaire of bipolar risk, in a sample of patients with mood disorders to test its specificity and sensitivity in identifying cases and discriminating between high risk for bipolar disorder major depressive patients (HRU) and low risk (LRU) adopting as a high recurrence cut-off five or more lifetime major depressive episodes.

Methods We included 115 patients with DSM-5 bipolar disorder (69 type I, 41 type II, and 5 NOS) and 58 with major depressive disorder (29 HRU and 29 LRU, based on the recurrence criterion). Patients filled-out the Italian version of the BSDS, which is currently undergoing a validation process.

Results The BSDS, adopting a threshold of 14, had 84% sensitivity and 76% specificity. HRU, as predicted, scored on the BSDS intermediate between LRU and bipolar disorder. Clinical characteristics of HRU were more similar to bipolar disorder than to LRU; HRU, like bipolar disorder patients, had more lifetime hospitalizations, higher suicidal ideation and attempt numbers, and higher rates of family history of suicide.

Conclusions The BSDS showed satisfactory sensitivity and sensitivity. Splitting the unipolar sample into HRU and LRU, on the basis of the at least 5 lifetime major depressive episodes criterion, yielded distinct unipolar subpopulations that differ on outcome measures and BSDS scores.

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EW0666

Aggression and violence towards healthcare workers in a psychiatric service in Italy. A retrospective questionnaire-based survey

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Introduction Violence at work is a major concern in healthcare services. Prevention programs have been implemented, albeit being scarce in Italy.

Objectives or Aims The Bolzano psychiatric department adopted a de-escalation model developed by the Institut-für-Professionelles-Deeskalations-Management (ProDeMa®). It includes evaluation, prevention, and practical training aimed at preventing/reducing patients' aggressive behavior toward healthcare workers.