

Results After brief intervention the 29.3% of the smoking patients change in their motivational stage. The results of the multivariate analysis showed three factors in relation with difficult the progression of the evolution of motivation to change. The high punctuation in Hamilton anxiety scale (OR = 0.53; IC95%, $P = 0.002$), the high punctuation in the Fageström scale (OR = 0.56, IC95%, $P = 0.01$), and have high autoperception of the capacity of change (OR = 0.52; IC95%, $P = 0.002$).

Conclusions The anxiety (measure with Hamilton anxiety scale) plus factors in relation with smoking, like the punctuation in Fageström scale and the autoperception of the capacity of change decrease the possibilities to change.

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

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EW0083

Psychiatric vulnerability in adults with intellectual disability and autism: A literature review

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Introduction Adults with Intellectual disability (ID) and Autism Spectrum Disorder (ASD) are more vulnerable to mental health problems than the general population.

Objectives/aims This study investigates presence and rate of psychiatric disorders in comparison with ID or ASD alone, and appropriateness of assessment and diagnostic procedures or tools.

Methods A systematic mapping of the literature was carried out on the basis of the above mentioned issues. The search was conducted using PubMed and ScienceDirect, according to the following keywords: psychiatric comorbidity, psychiatric disorders, autism, ASD, intellectual disability, mental health problems, adults, assessment tools, diagnosis. Twenty-eight papers were selected for pertinence to mapping issues among more than 500.

Results Many studies show that ASD is an important vulnerability factor for psychiatric co-morbidity and for challenging behaviors (CBs) in adults with ID. Highest rates were reported for psychotic, mood, anxiety, and obsessive-compulsive disorders. Few studies show that the difference between adults with ID plus ASD and adults with only ID are not statistically significant, but for the presence of CBs in those with ID plus ASD. The disagreement of results is based on a variety of factors such as diagnostic over-shadowing, scarcity of specific assessment tools, consideration of the introspective and communication difficulties, incompleteness of medical records, and low reliability of information sources.

Conclusions Although low studies concordance, the literature mapping suggests the presence of ASD in ID to be associated with higher rates of psychopathology. Since the relevant implications for prevention and clinical management, further research with high-level evidence is hoped.

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EW0084

The influences of antipsychotics therapy at cognitive impairments in schizophrenia spectrum disorders

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Significant degree of cognitive impairment represents one of the basic cornerstones among clinical manifestations of the schizophrenia spectrum disorders and accordingly to some authors it is present in up to 75% patients with these syndromes. The aim of this study was to examine degree of cognitive impairment, firstly among patients on first generation antipsychotics therapy (FGA) compared to the patients on second generation antipsychotics therapy (SGA), and secondly to compare both groups of patients with healthy controls.

Material and methods Prospective, parallel research was conducted, in which the sample of patients and employees of Specialized Psychiatric Hospital Kotor was tested with Montreal Cognition Scale (MoCA). There were 66 participants in the samples and they were divided on four subgroups: (1) patients with FGA; (2) patients with SGA; (3) patients with combined FGA and SGA; (4) Healthy controls.

Results All groups of patients had statistically significantly lower mean MoCA scores in the comparison with healthy controls. The fact that among 83.7% of patients was diagnosed significant degree of cognitive decline (MoCA score below 26) strongly speaks in favour of high sensitivity of MoCA test in detection of cognitive impairment among patients with schizophrenia spectrum psychotic disorders. In addition, the group of patients with FGA also had statistically significantly lower mean MoCA score compared to patients with SGA.

Discussion The mechanisms of explanation of these results can be additionally enlightened with further studies on larger samples of patients, which would investigate the correlation between extrapyramidal symptomatology, anticholinergic therapy and cognitive deficit.

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EW0085

Subtypes of psychosis among difficult-to-treat patients – A cluster analytical replication study among chronically psychotic, institutionalized dual diagnosis patients

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Background Research is lacking on possible subtypes of psychosis in difficult-to-treat patients that require long-term institutionalisation due to a combination of psychosis, substance abuse and problem behaviours after multiple failed treatments.

Aim The aim of this study is to increase our knowledge of this group of patients in order to apply more targeted interventions.

Objective To identify subtypes of psychosis among this group by cluster analysis and compare these subtypes on different clinical variables.

Methods PANSS data was acquired for 117 patients. Separate clusters were identified by using Ward's method of hierarchical cluster analysis, replicating Dolfus et al., 1996 [1], who used this method in a cohort of schizophrenia patients. Subtypes of psychosis were identified using PANSS items. Clusters were compared on several clinical variables, f.e. course of admission.

Results Four distinct clusters were identified (Fig. 1): (1) a 'positive cluster', (2) a 'mild cluster', (3) a 'negative cluster', and (4) a 'mixed group'. These clusters are similar to those found by Dolffus et al.

There was a significant association between cluster and co-morbid personality disorder, $P < 0.05$. No significant association was found between clusters and other clinical variables.

Conclusions Among difficult-to-treat institutionalised patients four distinct subtypes of psychosis could be identified, comparable to those found in a cohort of schizophrenia patients.

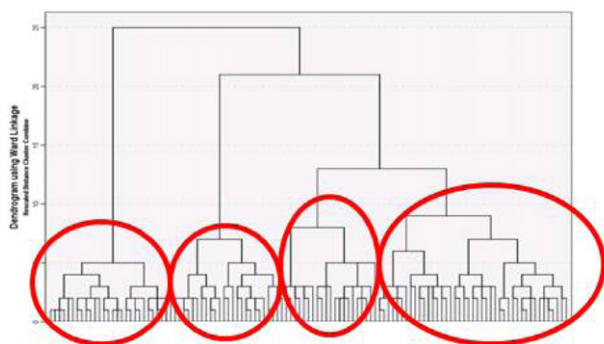


Fig. 1 Dendrogram showing a 4 cluster solution.

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

Reference

[1] Dolffus, et al. Identifying subtypes of schizophrenia by cluster analyses. *Schizophrenia Bulletin* 1996;545–55.

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EW0086

Relationship of severity of ADHD symptoms with the presence of psychological trauma while controlling the effect of impulsivity in a sample of university students

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Objective The aim of the present study was to evaluate relationship of severity of ADHD symptoms with the presence of psychological trauma while controlling the effect of impulsivity in a sample of university students.

Method Participants included 321 volunteered university students. Participants were evaluated with the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Adult ADHD Self-Report Scale (ASRS) and the Traumatic Experiences Checklist (TEC).

Results Age and gender did not differ between those with the history of psychological trauma ($n = 271$, 84.4%) and those without ($n = 50$, 15.6%). BIS-11-SF and subscale scores did not differ between groups, other than motor impulsivity, which was higher among those with the history of psychological trauma. ASRS score, inattentiveness and hyperactivity/impulsivity subscale scores were higher among those with the history of psychological trauma than those without. Severity of ADHD symptoms, particularly inattentiveness score, predicted the presence of psychological trauma, together

with the severity of motor and attentional impulsivities in a logistic regression model.

Conclusion These findings suggest that the severity of ADHD symptoms may be related with the presence of psychological trauma, while severity of motor and attentional impulsivities may have an effect on this relationship among young adults.

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

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EW0087

Relationship of high PTSD risk with severity of ADHD symptoms while controlling the effect of impulsivity in a sample of university students

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Objective The aim of the present study was to evaluate relationship of high PTSD risk with severity of ADHD symptoms while controlling the effect of impulsivity in a sample of university students.

Method Participants included 271 volunteered university students. Participants were evaluated with the Short Form Barratt Impulsiveness Scale (BIS-11-SF), the Adult ADHD Self-Report Scale (ASRS) and PTSD Checklist Civilian version (PCL-C).

Results Age and gender did not differ between those with the high PTSD risk ($n = 224$, 82.7%) and those without ($n = 47$, 17.3%). BIS-11-SF and subscale scores, other than non-planning impulsivity (which showed no difference), and ASRS scores were higher among those with the high PTSD risk than those without. Severity of ADHD symptoms, particularly inattentiveness (IN) score, predicted the high risk of PTSD, together with the severity of motor impulsivity in a logistic regression model.

Conclusion These findings suggest that the severity of ADHD symptoms is related with the high risk of PTSD, while severity of motor impulsivity may have an effect on this relationship among young adults.

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EW0088

Dual diagnosis: On the way to an integrated treatment model?

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Introduction Substance use disorders (SUD) with psychiatric comorbidity (dual diagnosis) represent a challenge for both mental health and addiction networks. Dual patients present greater disorder severity and worse prognosis than those with SUD or psychiatric disorders alone. There is a lack of consensus regarding which treatment model (sequential, parallel or integrated) is the most appropriate for them. Despite integrated treatment is seen as the model of excellence, it is a standard difficult to achieve.