[8] *University of South Australia, Department of Rural Health, Whyalla, Australia*
[9] *Hamad Medical Corporation, Health Services and Population Research Centre, Doha, Qatar*
* *Corresponding author.*

Introduction   Annual monitoring of physical health of people with severe mental illness (SMI) in primary or secondary care is recommended in England.

Objective   The SMI Health Improvement Profile (HIP) was developed to target physical well-being in SMI through the role of the mental health nurse.

Aim   The primary aim was to investigate if health checks performed by community mental health nurses (CMHNs) trained to use the HIP improved the physical well-being of patients with SMI at 12 months.

Methods   A single blind, parallel group randomised controlled trial of training to use the HIP (clustered at the level of the nurse). Physical well-being was measured in study patients using the physical component score of the SF36v2 at baseline and at 12 months.

Results   Sixty CMHNs (working with 173 patients) were assigned to the HIP programme (training to use the HIP) or treatment as usual. The HIP was completed with 38 (42%) patients at baseline and 22 (24%) at follow-up in the HIP programme group. No effect of the HIP programme on physical health-related quality of life of study patients was identified, a finding supported by per protocol analyses.

Conclusions   This study found no evidence that CMHN delivered health checks following training to use the HIP are effective at improving the physical well-being of SMI patients at one year. More attention to methods that aim to enable the delivery, receipt and enactment of evidence-based interventions to improve physical health outcomes in this population is urgently required.

ISRCTN: 41137900.

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

EW0826

Brainstem audiometry as a diagnostic tool in psychiatry: Preliminary results from a blinded study

V. Wahlström[1], R. Wynn[2,3,*]
[1] *Balsfjord General Practitioner's Office, Balsfjord, Norway*
[2] *UiT The Arctic University of Norway, Department of Clinical Medicine, Tromsø, Norway*
[3] *University Hospital of North Norway, Division of Psychiatry and Substance Abuse, Tromsø, Norway*
* *Corresponding author.*

Background   Some prior studies of brainstem audiometry have found illness-specific aberrations, suggesting that this procedure can be of use to clinicians in diagnosing certain psychiatric illnesses.

Aims   The study aimed to examine the diagnostic properties of a brain stem audiometry procedure (SD-BERA®) for patients suffering from schizophrenia and bipolar disorder.

Methods   A blinded study including 12 patients with schizophrenia, 12 patients with bipolar disorder, and 12 healthy controls was performed in 2014/2015. The patients were recruited from psychiatric specialist services and a primary care office in the County of Troms, Norway. The patients and controls were examined with brainstem audiometry. The clinical diagnoses were not known to the researchers who analysed the brain stem audiometry data at the Swedish company SensoDetect. Sensitivity and specificity for each group (compared to healthy controls) was calculated.

Results   The brain stem audiometry procedure had a high degree of sensitivity (1.00), but a lower degree of specificity (0.45) when patients suffering from bipolar disorder were compared to healthy controls. For the diagnosis of schizophrenia, the brain stem audiometry procedure had a high degree of specificity (0.91), but a lower degree of sensitivity (0.33) when patients were compared to healthy controls.

Conclusions   This method may help clinicians by lending support to a clinically suspected diagnosis of schizophrenia. The relatively low specificity for bipolar disorder could suggest that the method needs further development before it can be useful clinically when the diagnosis of bipolar disorder is suspected. Further scientific testing is needed to verify these findings.

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

EW0827

Aripiprazole in treatment of disability in social, professional and family life in schizophrenia patients

N. Zivkovic*, G. Djokic, D. Curcic
Psychiatric Clinic Laza Lazarevic, Emergency Psychiatry Department, Belgrade, Serbia
* *Corresponding author.*

Introduction   Enhancement of overall functioning is one of most important goals in treatment of schizophrenia (SCH) patients.

Objective   To assess efficacy of aripiprazole in treatment of disability and impairment in social, professional and family life in SCH patients.

Methods   This study included 50 patients with SCH diagnosed by ICD-10 criteria, divided into H (Haloperidol, 5–20 mg/24 h) group (25 patients), and A (Aripiprazole, 10–30 mg/24 h) group (25 patients). Antipsychotics were tested for 12 months with Positive and Negative Symptom Schedule Scale (PANSS), Sheehan Disability Scale (SDS) and the number of withdrawals attributed to adverse event (AE).

Results   The mean pretrial PANSS score was 103.6 in A and 105.3 in H group. The mean PANSS score after 12 months was 53.5 in A and 54.4 in H group. There were no significant statistical difference in PANSS pretrial scores and scores after 12 months between groups, $P = 0.619$; $P = 0.364$. There were significant statistical difference in PANSS score reduction after 12 months in both groups ($P < 0.001$). Aripiprazole improved all SDS scores in comparison to Haloperidol with high statistical significance. Work: A vs. H, $P < 0.001$; social life: A vs. H, $P < 0.001$; family life: A vs. H, $P < 0.001$; days lost: A vs. H, $P = 0.012$; days unproductive: A vs. H, $P = 0.007$; 8.0% AEs occurred in A, and 36.0% in H group.

Conclusions   Aripiprazole showed same efficacy as haloperidol in treatment of SCH. Aripiprazole showed significantly better efficacy in treatment of disability and impairment. Number of withdrawals was significantly higher in haloperidol group.

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

EW0828

Smoking and tardive dyskinesia in patients with schizophrenia

L. Zouari, N. Smaoui, I. Abida, N. Charfi*, M. Maâlej, N. Zouari, J. Ben Thabet, M. Maâlej
Hédi Chaker University Hospital, Psychiatry, Sfax, Tunisia
* *Corresponding author.*

Introduction   Tardive dyskinesia (TD) is a drug-induced movement disorder that arises with antipsychotics. These drugs are the mainstay of treatment for schizophrenia. Epidemiological studies have shown mixed results on smoking's association with TD.