

**Objective** To describe the comorbidity between PD and substance abuse disorders.

**Methods** Systematic review of the literature on the subject. The databases consulted were Dialnet, Pubmed and Cochrane.

**Results** The various studies allow estimating that between 65% and 90% of subjects treated for substance abuse or dependence have at least one concomitant PT. Studies show a higher prevalence of Cluster C for alcohol consumption and Histrionic, Narcissistic, Boundary and Antisocial Disorders (Cluster B) for illegal drugs, mainly cocaine. Cluster B is the one that the literature has most related to substance use. It is also the group in which there is a greater predominance of impulsivity, which would be worth remembering its role as a vulnerability factor for addictions.

**Conclusions** What the research has shown is that a good deal of the problems that accompany substance use come from dysfunctional patterns of behavior that are maintained over time with high stability and can justify, in part, both the persistence of the addictive behavior as the difficulty of handling the patients who present them. At present, although the high comorbidity between TP and substance use is sufficiently documented, many questions still remain to be solved.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.547>

## EV0218

### Treatment difficulties in the pathology of the frontal lobe

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Frontal lobe lesions may present as mood disorders, with apathy, emotional flattening and indifference towards the environment, referred to as "pseudodepression". A 14-year-old adolescent is transferred from a pediatric ward for frontal headaches, sleepiness, apathy, food refusal, irritability and marked weight loss (BMI = 14 kg/sqm). The patient has a history of Socialized Conduct Disorder, with extremely low compliance towards treatment. When admitted he is cooperating partially, has an influenced general state and refuses to drink liquids. He is sad, impulsive, with low frustration tolerance, negativist, oppositionist, with voluntary urine emissions and marked sleepiness. There are clinical signs of dehydration and an intermittent convergent strabismus in the left eye. Laboratory tests show an inflammatory syndrome, nitrate retention, dyselectrolytemia. Neurologically: exaggerated tendon reflexes, frust bipyramidal syndrome, slight ptosis of the left eye; electroencephalogram–slow activity (lesion?) in left deviations. A consult with the Infectious Disease unit renders a diagnosis of headache syndrome and frontal sinusitis. The MRI is suggestive for a left frontal infectious expansive process (abscess) and massive maxillary–ethmoidal–frontal sinusitis. Combined parenteral antibiotics and pathogenetic treatment are initiated and the patient undergoes neurosurgery with the evacuation of the tumor. A cystic formation of 6/5/1, 5 cm, containing an opalescent yellow liquid is found at the histopathological exam. Streptococcus spp. is identified by the bacteriological exam. The evolution is good under treatment, with a slight accentuation of the behavioural symptoms. This case illustrates the importance of correct differential diagnosis, the psychiatric diagnosis being one of exclusion.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.548>

## EV0219

### Psychiatric comorbidities in temporal lobe epilepsy: A case study

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**Introduction** Psychiatric disorders frequently occur in patients with temporal lobe epilepsy (TLE) (70%). This combination further reduces the quality of life of patients as diagnosis is difficult and therapeutic opportunities are often missed.

**Objectives** The aim of this case study is to show the possible association between TLE and psychiatric semiology and its therapeutic implications.

**Methods** Presentation of the clinical case of Mr BH who experienced psychosis like symptoms, was finally diagnosed with TLE and put under anti-epileptic drugs.

**Results** Mr BH, aged 22, with no family or personal history, was admitted for aggressive behavior, self-harm, pyromania, and depression. Three years prior to onset of psychiatric symptoms, he reports episodes of pulsatile–left–temporal headache followed by hypertonic movements of the neck. Symptoms were intermittently followed by total amnesia or impaired consciousness. The patient explained symptoms by an inner presence that he called "his twin" and to whom he attributed those behaviors contrary to his will. The discovery of bilateral hippocampal atrophy in magnetic resonance imaging with a normal electroencephalography suggested the diagnosis of TLE with post-ictal psychotic disorders. Patient was put initially on diazepam and olanzapine with partial improvement. Association of valproate led to progressive but then complete disappearance of symptoms and so confirmed our diagnosis.

**Conclusions** It is often difficult to attach psychiatric symptoms to epilepsy. The diagnosis should be done on a set of clinical, radiological and electrical arguments.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.549>

## EV0220

### Clinical features of PTSD in patients with TBI

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**Objective** Modern scientific researches about interaction between TBI and PTSD are characterized by few amounts and contradiction of conclusions.

**Method** Twenty-eight persons with TBI were examined by means of questionnaires and structured clinical interviews. 17 patients were suffering from PTSD. We compared clinical features in patients with isolated TBI and group with both disorders.

**Results** Four groups of symptoms were analyzed–sleep, emotions, cognition and personality features. Disorders of sleep were presented with violation of REM cycle, nightmares, hyperexcitation, increase watchfulness during the sleep. Emotional disorders were expressed as lability without external irritations; an excessive emotional reaction is on small events, agitation, irritability, inadequacy of emotional reactions and apathy (loss of desire to think, to feel, and/or to operate). Cognitive disorders included deceleration of psychomotor reactions, difficulties of searching of words in communication, problems of switching of attention, rigidity, difficulties in planning, decision of multistage tasks, violation of operative memory, executive dysfunction. Features of personality disorders were loss of initiation and self-control, decline of spontaneity, sur-

plus attention is to the details, inadequacy of self-appraisal, feeling of inferiority, an increase necessity is for control and lordship over other, aggression (socially inadequate behavior, episodes of anger). **Conclusions** Psychopathological features presented in patients with comorbidity of PTSD and TBI are not specific and can be within the framework of other psychogenic, exogenous, organic, posttraumatic or neurological disorders and diseases. PTSD can combine with other psychical and somatic disorders that caused chronological and pathogenetical comorbidity in patients with both states.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.550>

## EV0221

### Influence of depression on the quality of life after stroke

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**Aim** Approximately 30–60% of the stroke survivors suffers from depression. This, together with the physical changes after stroke may lead to a decline in their quality of life (QOL). The aim of this paper was to analyse the incidence of post-stroke depression, associated risk factors and its influence on the QOL.

**Material and methods** We carried out a prospective study on stroke patients during a period of 6 months. We excluded patients with dysphasia and aphasia. For each patient, we collected socio-demographic characteristics as well as clinical and therapeutic data. We used the Hamilton Depression Scale to screen for anxiety and depression, the SF-36 scale to assess the quality of life and modified Rankin scale (mRS) to measure the degree of disability.

**Results** We included 155 men and 143 women with stroke, with mean age of 58.15 years. Out of 298 analysed patients, depression was present in 147 (49.3%). Associated risk factors were hypertension, female gender and severity of stroke ( $P < 0.05$ ). The mean score of the SF-36 was 52.18. Impaired QOL was found in 221 (74.1%) and mRS  $> 3$  was found in 169 (57.1%) of the patients. Impaired mental component of QOL significantly correlated with the presence of depression ( $P < 0.05$ ) and anxiety ( $P < 0.05$ ). The severe degree of disability had a significant negative impact on all areas of QOL.

**Conclusion** Important effect after stroke is occurrence of depression which affects the QOL and functional outcome. All stroke patients should be evaluated for depression through regular interviews with them and their families or caregivers. Adequate antidepressant treatment should be given, in order to improve the QOL and physical rehabilitation.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.551>

## EV0222

### A feasibility randomised controlled trial of extended brief intervention for alcohol misuse in adults with mild to moderate intellectual disabilities living in the community

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**Introduction** Extended brief interventions (EBIs) are effective in targeting alcohol misuse in the general population. However, little is known on the effects of EBI in adults with intellectual (also known as learning disabilities).

**Objectives** In this feasibility trial we compared EBI with usual care for alcohol misuse in adults with mild to moderate intellectual disability (ID).

**Methods** The study took place in three community ID services in England. Participants aged 18–65 years with reported alcohol problems, a score  $> 8$  on the alcohol use disorder identification test (AUDIT), and IQ  $< 70$  ( $\pm 5\%$  CI) were recruited and were randomly allocated to either EBI (5 weekly sessions and 1 follow-up at 8 weeks) and usual care or usual care alone. Research assessments took place at baseline, two and three months.

**Results** Thirty individuals were randomised (15 in each arm). In regard to harmful drinking, at baseline, all the participants exceeded the relevant threshold. At 8 weeks, the proportion of participants with harmful drinking decreased to 60% for both groups, at 12 weeks it was decreased by 66.7% and 46.7% for the intervention and the control group respectively. The unit cost for the delivery of EBI is £ 430.

**Conclusions** Recruitment to this trial has been proven challenging as prevalence of alcohol misuse in the targeted population was lower than anticipated. EBI may provide an effective low intensity treatment for this population. Participants' and carers' feedback on their experience was overall positive.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.552>

## EV0223

### Prevalence of ADHD and co-morbid conditions among university students

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**Background** Attention deficit hyperactivity disorder (ADHD) is a neurodevelopmental disorder characterized by persistent difficulties with attention, increased impulsivity and hyperactivity. Comorbidity is often reported in adults with ADHD with a range of 60–100% of patients having at least one co-morbid condition.

**Objective** The purpose of this study is to determine the prevalence of ADHD among university students and to investigate some co-occurring symptoms and disorders.

**Aims** We aimed to raise awareness of adult ADHD and underscore its co-morbidity.

**Method** 486 undergraduate students at Bezmialem Vakif university in Istanbul filled in the Adult ADHD Self-Report Scale (ASRS), Beck Anxiety Scale (Beck-A), Beck Depression Scale (Beck-D) and a purpose-designed structured socio-demographic form.

**Results** Our results revealed that 6% of participants reported significant ADHD symptoms using 1.5 standard deviation above mean on the ASRS. 67% of students with significant ADHD symptoms had a psychiatric history other than ADHD. History of depression, anxiety and sleep problems were significantly higher in this group ( $P < 0.05$ ). They scored higher on Beck-A and Beck-D ( $P < 0.05$ ). Students with significant ADHD symptoms reported more night eating, binge eating behaviours and more headache ( $P < 0.05$ ). There was no statistically significant difference in the history of epilepsy, asthma, allergy and diabetes. Family history of psychiatric disorder partic-