

Material and methods PAFIP is an early intervention program for early stages of psychosis. One hundred and sixty-three were included, followed-up at regular intervals of six months for three years with administration of clinical and functional scales (BPRS, SAPS, SANS, CDRS, GAF and Drake). Patients were divided into three groups: (1) those non-users neither before the onset nor during follow-up (nn), (2) consumers before the FEP and during follow-up (ss) and (3) consumers before the FEP that gave up consumption during follow-up (sn).

Results No statistically significant differences were observed in terms of functionality at three-year follow-up endpoint but a trend to a better-preserved functionality in the sn group. The sn group presented lower scores in scales for positive symptoms with respect to the comparison groups.

Conclusions The interruption in cannabis use may have a beneficial effect on short-term clinical prognosis and functionality on long term.

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

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EW0094

Dual diagnosis and medical co-morbidity: Data from a specialized brief psychiatric in-patient unit

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Introduction Previous research on the prevalence of medical disorders among adults with dual diagnosis (DD) has been inconclusive.

Objectives The purpose of this study was to assess dual diagnosis and medical co-morbidity at the Brief Psychiatric Inpatient Unit of Marqués de Valdecilla Hospital, Santander in the period from January 2014 until March 2015.

Methods Ninety-three patients were admitted at our hospital from December 2014 until March 2015. The sample was analyzed retrospectively. Sixty-two of the patients (66.7%) met criteria for Dual Diagnosis. We collected socio-demographic variables, drug abuse, mental pathology, and treatment received.

Results The mean age of the sample was 42.95 years (± 14 DS) with a male:female ratio of 1.8:1 (no significant differences by gender). Hypertension was more prevalent among patients without dual pathology (22.5%). Patients with dual diagnosis presented hypertension less likely (6.5%) ($P < 0.005$). This can be explained by the fact that patients without dual diagnosis had a higher mean age (47 years) than patients with dual diagnosis (42 years). We did not find statistically significant differences between both groups respect to diabetes mellitus, vascular brain disease, HIV and dyslipidemia.

Conclusions Hypertension was less likely to appear among patients with dual pathology admitted to an ultra brief psychiatry unit. This could be explained for an earlier mean age at admission among these patients.

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

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The association between autistic traits and post-traumatic stress disorder: Preliminary findings among typically-developing adults in Israel

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Background and aims Although studies show that those suffering from autism spectrum disorders (ASD) face an increased risk of exposure to trauma (bullying, physical abuse), the co-morbidity between autistic symptoms/traits and post-traumatic stress disorder (PTSD) was almost entirely neglected by researchers. The aim of this preliminary study is to explore the possible associations between these two conditions among typically-developing college students.

Methods Participants were 39 students, recruited from 2 Israeli universities. Twenty-four participants were psychology students, and 15 were business administration students. Participants completed self-report questionnaires tapping sociodemographic background, trauma exposure, PTSD (the PTSD Checklist-5, PCL-5), and autistic traits (the Autism Spectrum Quotient, AQ).

Results Our preliminary findings revealed a positive association between symptoms of PTSD and autistic traits. More specifically, among those in the 3rd and 4th highest quartiles of AQ scores, 87.5% met the cut-off score for a probable PTSD diagnosis ($\chi^2(3) = 8.25, P < 0.05$). In addition, t-tests comparing the PTSD and non-PTSD groups showed significant differences in 3 out of 5 AQ sub-scales: social skill ($t(37) = -2.12; P < 0.05$), attention switching ($t(37) = -2.09; P < 0.05$) and communication ($t(37) = -2.80; P < 0.01$). Thus, higher AQ scores were reported by those in the PTSD group.

Conclusions ASD may serve as a significant risk factor for post-traumatic symptomatology. The associations between these two conditions may be mediated by a variety of potential shared vulnerabilities, including increased rumination, dysregulated emotion and impaired social cognition. Further research is needed in order to explore these mechanisms, as well as to assess co-morbidity in clinical samples of both ASD and PTSD.

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

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Diet and physical activity intervention effectiveness in acute mental patients, during hospitalization: A matched case-control study

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Introduction Diet and physical activity interventions are effective in psychiatric outpatients that suffer from obesity, namely those treated with antipsychotic drugs. However, there is less evidence related to these interventions in hospitalised acute patients.

Aim To evaluate the effect of a diet and physical activity program on weight and BMI variation in acute psychiatric patients during hospitalisation.

Methods Matched case-control study from January to September 2016. Inclusion criteria: patients with at least 15 days of hospitali-