

disorders, length of hospitalisation could be biased by the requirements of assurance company.

Conclusions The risk of admission is higher at younger age in patients with MDD associated with PD than in MDD alone. The risk of suicide attempts is significantly higher in group of MDD associated with PD.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.560>

EV0231

Cancer and serious mental illness: A qualitative exploration–findings

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Introduction Serious mental illness (SMI) is associated with poorer cancer outcomes. Reasons for such inequalities are unclear; those with this comorbidity receive fewer specialist interventions and die earlier than the general population. Further exploratory work is required.

Objectives Exploring the experience of SMI and cancer from the perspective of those affected by this comorbidity and those caring for them professionally or informally.

Methods Semi-structured interviews were conducted with 'key patients' living with SMI who had received a cancer diagnosis ($n=7$), significant others who had supported key patients ($n=4$) and healthcare professionals who had worked with at least one KP ($n=17$). A panel of patients and professionals ratified interview guides. Interviews were analysed thematically.

Results Mental health professionals were more confident in their knowledge of the needs of this population than oncology professionals, but were challenged by working with patients with major physical health needs. Key patients' mental health appeared to remain stable after cancer diagnosis, and they expressed altruism towards others with comorbid cancer and SMI. Significant others and healthcare professionals were more likely to critique systemic aspects of care than were key patients.

Conclusions Professionals feel challenged when working outside of their usual job role. Training needs include mental illness awareness in an oncology setting. Improved coordination and communication is required, encompassing significant others as well as professional groups. SMI may protect against the psychological impact of cancer. Key patients were keen to provide advice and support to others in similar situations. Further research is needed into these areas.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.561>

EV0232

VTE and physical health assessment upon admission to acute functional and organic psychiatric in-patient wards: An audit

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Introduction Venous thromboembolism (VTE) is a condition that causes a blood clot to form within the venous blood system. If this blood clot forms in the peripheral venous system it can cause symptoms such as calf pain and swelling. If this clot becomes dislodged,

it may travel through the vessels into the pulmonary artery which can have much more severe consequences.

Objectives There has been a great deal of effort in recent years to increase the percentage of in-patients receiving a VTE assessment; and for those patients to receive appropriate VTE prophylaxis. VTE is a significant cause of inpatient deaths. This audit aims to compare current working practice to local standards and identify learning points.

Methods VTE and physical health assessment data was collected by checking electronic admission summaries from three acute psychiatric in-patient wards on a random date in 2016. The local pathway for the management of physical health and wellbeing states that the VTE assessment and Physical Health Assessment should be completed within 6 hours of admission. NICE guidelines also state that all patients should be assessed on admission, with a standard of 100%.

Results 60% of patients had a VTE assessment and 54% of patients had a physical health assessment done within 6 hours of admission.

Conclusions This audit shows that the necessary standards are not met. Importance of these assessments has been communicated during induction programmes for all staff.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.562>

EV0233

Aspects of the psychological consequences of cannabis use



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Cannabis is seen among general population as an "anti-depressive drug". Many papers have been published in the field of investigation about the relationship between cannabis use and affective disorders. We pretend to find the aspect of the psychological consequences of cannabis use.

Methods Using Pubmed and PsychInfo, we conducted a narrative review of the literature on cannabis and psychiatric comorbidity using the keywords cannabis, psychosis, mood, depression, mania, bipolar, and anxiety.

Results There is substantial evidence of an association between cannabis use and psychosis. A few reports suggest an association with bipolar disorder while the association with depression and anxiety disorders is mixed.

Conclusions The present review confirms earlier findings of an association between cannabis use and a lower age at onset. Data shows that cannabis use, beginning in the adolescence and with a frequency higher than once a week, correlates with the development in adult age of affective symptoms and/or disorder, mainly in bipolar disorder, with a moderate relation with Depressive spectrum. Even more, some authors hypothesize that cannabis may play a role in the development of the disorder, that to say, affective disorder would not appear in the absence of cannabis use. The current findings suggest that recent cannabis use is associated with a more severe course of illness in the early phase of BD I.

Recent cannabis use was also associated with more lifetime suicide attempts.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.563>