

Objectives/Aims To describe the presence of dual diagnosis and treatment model received in a sample recruited from a drug abuse community center in Barcelona (CAS Barceloneta).

Methods Cross-sectional descriptive analysis of an outpatient center for SUD clinical sample regarding psychiatric co-morbidity (DSM-IV-TR criteria), social-demographic characteristics and treatment model received.

Results In the moment of this study, a total of 574 SUD patients are attended at CAS Barceloneta. Of them, 300 (52%) present a dual diagnosis, 64% men, mean age = 48 (SD = 11.29). Thirteen percent ($n=40$) of dual patients have psychotic disorder (PsyD) diagnosis and their SUD co-morbidities are: alcohol-UD (12.5%, $n=5$), cocaine-UD (7.5%, $n=3$), cannabis-UD (15%, $n=6$), opioids-UD (17.5%, $n=7$) and multiple SUD (47.5%, $n=19$). Half of dual patients with PsyD ($n=20$) are attended in parallel in community mental health centers.

Conclusions Our results suggest there is an important percentage of SUD patients that present psychiatric co-morbidity treated in drug abuse community centers. Parallel treatment is mainly for PsyD patients and sometimes they get lost in the gaps. We would need to develop specific dual programs to give these patients an integrated assistance.

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

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EW0089

Chronic somatic and psychiatric co-morbidities are associated with psychiatric treatment success; A nested cross-sectional study

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Introduction A rich body of literature dealt with somatic co-morbidities of psychiatric illnesses. However, relatively few explored the association of somatic and psychiatric co-morbidities with psychiatric treatment success.

Objective Objective of this analysis was to explore chronic somatic and psychiatric co-morbidities association with the average number of psychiatric re-hospitalisations annually.

Methods This cross-sectional analysis was done on the baseline data of prospective cohort study "Somatic co-morbidities in psychiatric patients" started during 2016 at Psychiatric hospital Sveti Ivan, Zagreb, Croatia. We included 798 patients. Outcome was the average number of psychiatric re-hospitalisations annually since the diagnosis. Predictors were number of chronic somatic and psychiatric co-morbidities. Covariates that we controlled were sex, age, BMI, marital status, number of household members, education, work status, duration of primary psychiatric illness, CGI-severity at diagnosis, treatment with antidepressants and antipsychotics.

Results Interaction of somatic and psychiatric co-morbidities was the strongest predictor of the average number of psychiatric re-hospitalisations annually ($P<0.001$). Mean number of re-hospitalisations annually adjusted for all covariates, was increasing from 0.60 in patients with no chronic co-morbidities,

up to 1.10 in patients with ≥ 2 somatic and ≥ 2 psychiatric co-morbidities.

Conclusion Somatic and psychiatric co-morbidities are independently associated with the psychiatric treatment success. Further studies should look at possible causal pathways between them, and interdisciplinary treatment of psychiatric patients is urgently needed.

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

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EW0090

Obsessive compulsive personality disorder and autism spectrum disorder traits in the obsessive-compulsive disorder clinic

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Introduction Obsessive Compulsive Personality Disorder (OCPD) is a common, highly co-morbid disorder. Subjected to comparatively little research, OCPD shares aspects of phenomenology and neuropsychology with obsessive-compulsive spectrum disorders and neurodevelopmental disorders such as autism spectrum disorder (ASD). A greater understanding of this interrelationship would provide new insights into its diagnostic classification and generate new research and treatment heuristics.

Aims To investigate the distribution of OCPD traits within a cohort of OCD patients. To evaluate the clinical overlap between traits of OCPD, OCD and ASD, as well as level of insight and treatment resistance.

Method We interviewed 73 consenting patients from a treatment seeking OCD Specialist Service. We evaluated the severity of OCPD traits (Compulsive Personality Assessment Scale; CPAS), OCD symptoms (Yale-Brown Obsessive Compulsive Scale; Y-BOCS), ASD traits (Adult Autism Spectrum Quotient; AQ) and insight (Brown Assessment of Beliefs Scale; BABS).

Results Out of 67 patients, 24 (36%) met DSM-IV criteria for OCPD, defined using the CPAS. Using Pearson's test, CPAS scores significantly ($P<0.01$) correlated with total AQ and selected AQ domains but not with BABS. Borderline significant correlation was observed with Y-BOCS ($P=0.07$). OCPD was not over-represented in a highly resistant OCD subgroup.

Conclusion Disabling OCPD traits are common in the OCD clinic. They strongly associate with ASD traits, less strongly with OCD severity and do not appear related to poor insight or highly treatment-resistant OCD. The impact of OCPD on OCD treatment outcomes requires further research.

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EW0091

Psychiatric co-morbidities in a French cohort of adults with high-functioning autism (HFA)

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Background and rationale Psychiatric co-morbidities are shown to be very prevalent in patients diagnosed with Autism Spectrum Disorder (ASD), up high to 53% for mood, 50% anxiety and 43% for ADHD disorders in an European cohort of adults with HFA. Using a new approach, our study proposes to explore aspects of co-morbidities in the largest French cohort of HFA adults (C0733/InfoR) by implying qualitative and quantitative clinical tools.

Aims To explore: (1) the prevalence rates of psychiatric co-morbidities; (2) the interplay between co-morbidities and the ASD symptoms.

Methods Diagnosis was made according to DSM 5 criteria. Dimensional evaluation used Social Responsiveness Scale (SRS), Systemizing Quotient (SQ) and Empathy Quotient (EQ). We used T-test, Mann–Whitney test and linear regression models.

Results We included 103 patients (mean age 29.3, sex ratio M/F: 3.4:1). Lifetime prevalence rates of 53.5% for depressive disorder 73.5% for anxiety disorders and 37.5% for ADHD were found. Subjects with psychotic co-morbid symptoms had a more severe social deficit (SRS score 66.2 vs 77.9 $P < 0.05$); patients with ADHD, lower cognition (mean IQ total 107.7 vs 99.0 $P < 0.05$). SQs ($P < 0.05$) were significantly higher in patients with co-morbid psychosis, dysthymia, suicide attempts, and depressive disorders and directly correlated with age ($\beta = 0.35$, $P < 0.05$). SQ and EQ were inversely correlated.

Discussion The results reproduce the high prevalence of co-morbidities in other studies and explore its association with social functioning and cognition. Identification of associated psychiatric conditions in subjects with HFA is therefore a crucial clinical issue potentially guiding the treatment.

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

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EW0092

Group experience and dual pathology and addictions in a regional hospital in Spain

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Introduction Dual pathology is a term applied to those subjects suffering simultaneously from addiction and other mental disorder. Group psychotherapy can be used in people who have both diagnoses with good results in improvement of addiction and disease stabilization.

Objectives The purpose of this study is to analyse to efficacy of a group of psychotherapy for patients with alcohol addiction and other mental disorder, and analyse the presence of personality disorder in this group and how it affects its evolution.

Methods The study was conducted on a sample of 16 patients diagnosed with alcohol abuse or dependence with psychiatric co-morbidity who attended a therapy group for 6 months from January 16 to June 16. The study was conducted in ambulatory care (outpatient), being an open and heterogeneous group.

Results Main diagnosis was unspecified personality disorder and mood disorder (25%) followed by borderline personality disorder and mood disorder (18.75%), attention deficit disorder and hyperactivity (18.75%), mood disorder (12.5%), substance use disorder without other psychiatric co-morbidity (12.5%), narcissistic personality disorder (6.25%) and impulse control disorder (6.25%). Regarding progress in the stages of change, results were as follows: 31.5% of patients progressed to the stage of preparation for action, 25% alternating periods of abstinence from alcohol with brief relapse, 25% advanced to the stage of action, 18.5% managed to stay alcohol withdrawn.

Conclusions In our sample, we can conclude that a therapeutic group including patients at different stages of change and diagnoses is positive. At the end, improvement in mood and anxiety was observed.

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EW0093

The impact of cannabis in Schizophrenia: Pafip three-year longitudinal study on outcome and functionality after a first episode of psychosis

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Introduction The association between cannabis and psychosis makes crucial the intervention on cannabis use disorder at first episodes of psychosis (FEP), especially among young population. In this group of patients, the harmful potential of cannabis is more evident by its influence on neurodevelopment. However, the nature of the association cannabis–psychosis is not clearly described. It seems to represent a mediating factor for an increased risk of psychosis in healthy and high-risk populations, determining an earlier age of onset and worsening long term outcome.

Objectives To assess the impact of cannabis in terms of functional and clinical prognosis in patients recruited after a FEP.