

Conclusion Studies of victimization of mentally ill did not draw the attention of researchers and clinicians in Arab world. This study proves that victimization is not uncommon among patients with schizophrenia; clinicians should include assessment for victimization of their patients as a routine work. The current study provides preliminary data for clinicians and policy makers to consider strategies to protect patients with various mental illnesses from being victimized.

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Study of self-perceived health in a clinical sample

A. Fernandez-Quintana*, M.D.C. García-Mahía
Clinical University Hospital of La Coruña, Psychiatry, La Coruña, Spain

* Corresponding author.

Introduction The assessment of self-perceived health provides an insightful clinical tool when it comes to addressing the subjective perception of social functioning, mental and physical health.

Objective To analyze self-perceived health in patients treated in a primary care clinic and its relationship with other clinical and socio-demographic variables.

Methods A randomized sample of 130 patients, aged 18 years or over, undergoing treatment in a primary care clinic was evaluated. Patients were interviewed following a self-perceived health scale as well as a scale for other clinical and socio-demographic variables. Clinical records were reviewed for prior psychiatric and somatic diagnoses.

Results Overall, the prevalence of somatic disorders in our sample was 92.3%, whilst psychiatric disorders were present in 23% of patients. Only 6% of the sample reported their mental health to be affected to some degree, while 67% declared their physical health to be damaged. Forty-three percent of the sample follows prescribed psychopharmacological treatment. Women showed lower self-perceived health and reported more psychiatric symptoms in accordance with higher actual prevalences of psychiatric disorders. Among those patients with a psychiatric illness, only two reported the will to search for mental health care, whilst most would prefer consulting their general practitioner.

Conclusions Less than half of the patients who have been diagnosed with a psychiatric disorder consider their mental health to be affected. Among those who do report a self-perceived mental health concern, the majority would prefer consulting their general practitioner rather than a psychiatrist.

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Motives and behaviors of medical students (mis)using prescription stimulants

G. Fond¹, F. Berna^{2,*}, P. Domenech^{3,4}

¹ Schizophrenia Expert Center Fondation Fondamental, Creteil, France

² Hôpitaux Universitaires de Strasbourg, Inserm U1114, FMTS, Fondation FondaMental, Psychiatry, Strasbourg cedex, France

³ Inserm U955, Translational Psychiatry team, Créteil, France

⁴ Paris Est University, DHU Pe-PSY, Pôle de Psychiatrie des Hôpitaux Universitaires H.-Mondor & Spine Institute, CRICM, UPMC, Inserm UMR.S 975, CNRS UMR 7225, CHU Pitié-Salpêtrière, Brain & Spine Institute, CRICM, UPMC, Inserm UMR.S 975, CNRS UMR 7225, CHU Pitié-Salpêtrière, Créteil, France

* Corresponding author.

Aims To estimate the prevalence of psychostimulant use in French medical undergraduate and postgraduate students, associated consumption behaviors and motives.

Design A population-based cross-sectional study using a self-administered online survey.

Participants A total of 1718 French students and physicians (mean age 26.84 ± 7.19 years, 37.1% male).

Measurements Self-reported lifetime use, motives, socio-demographic and academic features for other the counter (OTC), medically prescribed (MPP), and Illicit (IP) psychostimulant users.

Findings Lifetime prevalence of psychostimulant use was 33% (29.7% for OTC, 6.7% for MPP and 5.2% for IP). OTC consumption mainly aimed at increasing wakefulness during competitive exams preparation and internship. OTC consumption was twice more frequent among users of other psychostimulants (MPP and/or IP). Most of OTC consumers began their consumption during exam preparation. Corticoids were the most frequently consumed MPP (4.5%) before methylphenidate and modafinil (1.5% and 0.8%, respectively). Unlike corticoids, methylphenidate and modafinil prescriptions are tightly regulated in France. Motives for MPP consumption were increased academic performance/concentration–memory and wakefulness. In that respect, restrictions on methylphenidate and modafinil prescriptions seem to be effective at limiting misuse. Corticoids were mostly consumed by interns seeking for wakefulness. Overall, 5.2% of the subjects consumed at least once IP, mostly cocaine and amphetamine derivatives. They sought euphoria and/or novelty.

Conclusions Psychostimulant use is common among French undergraduate students, interns and postgraduate physicians. The type of drug used seems to depend mainly on product availability. Increased rates of corticoids consumption for wakefulness purposes suggest another potential public health problem, as corticoids may have severe side effects.

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The assessment of social disability in persons with a diagnosis of mental disorder. Preliminary data

T.M. Gondek*, A. Królicka, B. Misiak, A. Kiejna
Wroclaw Medical University, Department of Psychiatry, Wroclaw, Poland

* Corresponding author.

Social disability in persons diagnosed with mental disorder is one of the factors preventing them from achieving the broadly defined well-being, even when appropriate and effective treatment is applied. Improvement in the field of social disability is therefore one of the main challenges for the mental health and social welfare policy makers. The second version of the Groningen Social Disabilities Schedule (GSDS-II) is widely used in the assessment of social disability, however the relationship between its degree and many of the clinical and demographic factors have not been investigated thoroughly enough.

The objective of the study is to assess the degree of social disability using GSDS-II as well as to analyze the relationship between the degree of social disability and clinical, social and demographic factors, in patients with a mental disorder diagnosis of F20–F48 according to ICD-10, aged 18–65, in a day ward and an inpatient ward settings.

The paper presents the data gathered from a preliminary sample of 20 patients of both genders diagnosed with mental disorders who gave their informed consent to participate in the study, thus comprising 10% of the targeted total study sample.

Our study, performed on a larger, targeted sample, will provide a better insight into the social functioning of persons with a burden of

mental disorder. A precise presentation of the social disability shall improve the model of care offered to these persons. Any possible parallel studies in other countries, employing analogical methodology, could allow for a cross-national and cross-cultural comparison of the received outcomes.

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Psychotic symptoms in general population: Correlates in the Andalusian Province of Granada

M. Guerrero Jiménez^{1,*}, C.M. Carrillo de Albornoz Calahorro², B.M. Girela Serrano³, J.A. Cervilla Ballesteros⁴

¹ University Hospital San Cecilio, Psychiatry, Granada, Spain

² Mental Health Unit, Santa Ana Hospital, Motril, Granada, Spain

³ Mental Health Unit, Mental Health, Santa Ana Hospital, Motril, Granada, Spain

⁴ University Of Granada, CIBERSAM Granada, GCU Psychiatry, Psychiatry Department, Hospital Complex Of Granada, Granada, Spain

* Corresponding author.

E-mail address: marlliguerrero@gmail.com (M. Guerrero Jiménez)

Introduction Several recent epidemiological studies have reported during the last few years that the prevalence of psychotic symptoms in the community is bigger than the previously thought.

Aims Estimate the prevalence in our influence area, as there are no previous studies focused on this measure and its correlated factors in Andalusia population.

Methods Literature review was made about the prevalence reported in all continents as well as the found correlation. Then, a cross-sectional epidemiological study was designed (Granada). We present data from 809 Andalusian individuals taken from the Unified Data Base of the Andalusian Health System.

Results This poster presents a brief but updated systematic literature review of psychotic symptoms in the general population (i.e. delusions and hallucinations). We present also data from 809 individuals from our clinical catchment area. Prevalence of psychotic symptoms in Granada was of 10.3%. Hallucinations were reported in 6.1% and 7.4% reported delusions.

Conclusions The prevalence found was similar to other studies in the Spanish population such as the EsEMED Study performed in Catalonia where 11.2% of psychotic symptoms were reported, and similar to European studies like the BNS in Great Britain with a 10.9% of psychotic symptoms. Differences obtained in percentages could be due to different measure scales (PSQ, MINI, CIDI. . .) used in other studies made in the North American population such as the National Comorbidity Survey with a 28% of prevalence reported. Inter-interviewer differences and the potential risk factors for psychotic symptoms in each population seem to be the causes of such differences and similarities.

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Loneliness and mortality: A community-based prospective study

J. Henriksen^{1,*}, P.R. Kyle², P. Bech², C. Mattisson³, N. Andersson⁴

¹ Aarhus University Hospital, Psychiatric Research Academy, Department of Affective Disorders Department Q, Risskov, Denmark

² Psychiatric Centre North Zealand, University of Copenhagen, Psychiatric Research Unit, Hillerød, Denmark

³ Lund University Hospital, Department of Clinical Sciences, Lund, Sweden

⁴ Statens Serum Institute, Department of Epidemiology Research, Copenhagen, Denmark

* Corresponding author.

Introduction Loneliness affects up to one in every third individual in the western population, and the prevalence is increasing. The literature suggests an increased mortality risk of about 26% when feeling lonely, and an association to some disorders of physical health.

Objectives To assess if loneliness increases the risk of mortality, and if so, if health indicators (hypertension, heart disease, tobacco use, alcoholism, diabetes, obesity, and depression) mediate the association.

Methods The design is a community-based prospective cohort study using data from the Swedish Lundby Study. Loneliness is measured in 1997 with a singleton question during interview of a psychiatrist. The outcome is death between 1997 and 2011. Survival analysis is used to estimate the relative risk of mortality. Stratification of potential explanatory covariates examines if any of the health indicators mediate the relationship.

Results Significant more females, unmarried, unemployed, and childless people feel lonely. Moreover, feeling lonely correlates to being smoker or alcoholic when adjusting for age and gender. The statistical work on the survival analysis is still in progress. However, we expect to find a positive correlation between loneliness and mortality corresponding to previous studies, and perhaps to reveal some of the health indicators to cause the association.

Conclusions With increasing prevalence, potential health consequences, and a neglected role in the society, loneliness is an important research area.

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More women are medicated while more men are talked out: Persistent gender disparities in mental health care

P. Joseph*, A. Kazanjian

UBC School of Population & Public Health, Faculty of Medicine, Vancouver, Canada

* Corresponding author.

Introduction Physician incentives have been shown in previous studies to help reduce socioeconomic disparities in health care. Its impact on gender disparities, however, has rarely been investigated.

Aim The impact of physician incentives on gender disparities in mental health care was investigated in this retrospective study.

Method De-identified health administrative data from physician claims, hospital separations, vital statistics, prescription database, and insurance plan registries were linked and examined. Monthly cohorts of individuals with depression who were residing in British Columbia, Canada were identified and their use of mental health services tracked for 12 months following receipt of initial diagnosis. Indicators that assess receipt of the following services were created:

- counseling/psychotherapy (CP);
- minimally adequate counseling/psychotherapy (MACP);
- antidepressant therapy (AT);
- minimally adequate antidepressant therapy (MAAT).

Interrupted time series analysis was used to estimate changes in these indicators before (01/2005–12/2007) and after (01/2008–12/2012) physician incentives were introduced.