

vitamin D deficiency for others with dark skin. Psychological diversities can be viewed analogously. The thesis that mental illness is an inevitable consequence of the singular diversity of humanity will be exemplified by disorders such as ADHD, melancholia, schizophrenia and sociopathy.

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#### EW0654

### Probability analysis of compassion: Enhancing compassionate care in psychiatry through mirror neurons

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**Introduction** The probability that psychiatric care becomes compassionate is higher when individual subjects, groups or organizations utilize mirror neurons to attune with the emotional world of their clients.

**Objectives** To create an algorithm for compassionate care in mental health by attunement of mirror neurons.

**Aims** To predict the probability of the occurrence of sympathetic care in mental health.

**Methods** Naturalistic observation of health care organizations identified the major nodes–agents of the organizational–neural network leading to a compassionate care (events A): individual, group, organization and society. Negative influences on compassionate care are (events B) subjective and collective acts.

**Results** The probability that compassionate care occurs as a result of a single mediator's action was only 0.167 (16%). The probability that compassion results from training mirror neurons were as follows: Multiple event probability formula:

– probability of event A that occurs  $P(A) = 0.667$  (66%) [positive subject + group + organization + society];

– probability of event B that occurs  $P(B) = 0.333$  [negative individual and group];

– probability that both the events occur  $P(A \cap B) = P(A) \times P(B) = 0.222$  [inhibitory influence];

– probability that either of event occurs  $P(A \cup B) = P(A) + P(B) - P(A \cap B) = 0.778$ .

**Conclusions** The probability of organizational compassion (PA) is high when all the agents interact. As compassion is reinforced by mirror neurons, a reduction in the number of people involved in compassionate care also means the final outcome is less likely to appear.

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#### EW0655

### Exact psychiatry: Six axioms

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Psychiatry is a clinical technological practice where the rational fundamentals, methods and knowledge “corpus” have a scientific nature. The science philosopher Mario Bunge proposes that philosophy, as well as science, may tend to be exact. Philosophy of science is the rational setting where any scientific discipline can ascribe sense to its theoretical models and factual sentences. Axiomatization is the method to exactify a discipline. By axiomatization, we can exactify psychiatry as “medicine of the soma”, therefore avoiding fallacies in the theoretical models we use.

**Objective** To describe six axioms for the definition of “exact psychiatry” as “medicine of the soma”. Six axioms will be defined and explained. They are ordered attending to hierarchical and historical priority:

– axiom of the cultural universal of social cohesion: since the antiquity all cultures have cultural universals which promote social cohesion;

– axiom of healing as a form of “isonomia”: health-related cultural constructs are related with help receiving due to body vulnerability. It appears with Hippocratic medicine;

– axiom of nosological realism: diseases really exist. They are biological regularities that accelerate death. It appears in the 17th century;

– axiom of illness subjectivity: the personal impact of disease is subjective. There exist diseases in patients. It appears in the 20th century;

– axiom of the unification of neuroscience: psychiatry and neurology have the same ontological reference, brain diseases. It consolidates in the 21st century;

– axiom of clinical phenomenology as the epistemological specificity of psychiatry: clinical phenomenology characterizes “soma” as the referring of psychiatry. The future.

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#### EW0656

### Evaluation of a nonsmoking program in psychiatric clinic

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**Introduction** The work evaluates the nonsmoking program successful experience, carried out between the years of 2008 and 2015 in a psychiatric clinic in the city of Rio de Janeiro, Rio de Janeiro, Brazil.

**Objectives** The program has as objectives to evaluate the treatment of tobacco dependence in patients with disorders for the use of substances and other psychiatric disorders and the experience of transforming the therapeutic space of the clinic in a tobacco-free environment, considering that the use of tobacco is responsible for a large number of avoidable deaths and other aggravations to health.

**Methods** The program achieved the objectives, assessing the promotion of the tobacco abstinence in a large number of patients, through the utilization of pharmacological treatment, cognitive behavioral psychotherapy, occupational therapy, art therapy and moderate physical activity.

**Results** In a 12-month period, after carrying out the program, 48% of the assessed patients kept in tobacco abstinence.

**Conclusions** The study showed the percentage of patients who were discharged on tobacco abstinence and the percentage of those who kept abstemious after 12 months, demonstrating that the nonsmoking program is an efficient tool in the tobacco dependence treatment and can be used over a psychiatric hospitalization with promising results.

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#### EW0657

### Akathisia: Prevalence and risk factors in patients with psychosis and bipolar disorder

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