

hospitalizations with psychosis increased from 5.23% to 14.28% (P trend <0.001). Utilization of atrial-cardioversion was lower in patients with psychosis (0.76% vs. 5.79%, $P < 0.001$). In-hospital mortality was higher in patients with Psychosis (aOR 1.206; 95%CI 1.003–1.449; $P < 0.001$) and discharge to specialty care was significantly higher (aOR 4.173; 95%CI 3.934–4.427; $P < 0.001$). The median length of hospitalization (3.13 vs. 2.14 days; $P < 0.001$) and median cost of hospitalization (16.457 vs. 13.172; $P < 0.001$) was also higher in hospitalizations with psychosis.

Conclusions Our study displayed an increasing proportion of patients with Psychosis admitted due to AF with higher mortality and extremely higher morbidity post-AF, and significantly less utilization of atrial-cardioversion. There is a need to explore reasons behind this disparity to improve post-AF outcomes in this vulnerable population.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.856>

EV0527

Comparison between patients who did not show up for their first visit and the ones who did

B. Mata Saenz*, L. Nuevo Fernández, L.M. Asensio Aguerri, L. Beato Fernández, T. Rodríguez Cano
Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

* Corresponding author.

Introduction Referrals to psychiatry from primary care has increased in recent years. This can be the result of the global economic situation and represents a problem for specialized care, because patients can't usually be correctly attended to. On the other hand, patients who don't come to visits make up other important issues that we must analyze.

Objectives To analyze the differences between patients who did not come for their first visit and those who did in order to try to describe variables that could be affecting them.

Methods This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data, (4) attendance to appointment, (5) diagnosis impression and (6) destination of referral. The SPSS 19.0 was used to analyze the data. **Results** We studied a total of 1.048 patients for 15 months, of which 20.6% did not come to their first visit. A statistically significant relationship between attendance and gender, year of the appointment, adequate demand or not, previous follow-up and diagnosis was found (χ^2). However, if a logistic regression was carried out, only the adequacy of the demand was included in the model.

Conclusions Coordination with general practitioners is essential to improve referrals and, most importantly, the attention to patients. If we can agree on the referral criteria, a better-personalized assistance can be offered to patients who have more difficulties in coming (because of characteristics of illness, place of residence, and other variables).

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.857>

EV0528

Analysis of geographical distribution of referrals to psychiatry from primary care

B. Mata Saenz*, V. Muñoz Martínez, L. Nuevo Fernández, E. Lopez Lavela, L.M. Asensio Aguerri
Hospital General Ciudad Real, Psychiatry, Ciudad Real, Spain

* Corresponding author.

Introduction The distribution of the demand from primary care in the mental health units could be a way of facilitating the coordination and improving the attention to patients. For this reason, in our unit we have made a repartition of the areas among the different psychiatrists.

Objectives To analyze if there was a correlation between the geographical origin of the patients or their primary care areas and the referrals, and between them and their attendance.

Methods This is an epidemiological, analytic, prospective study of patients referred to our department. The following variables were collected: (1) referral protocol, (2) reason, (3) demographic data (origin, gender, age), (4) Primary Care area, (5) attendance to appointment, (6) diagnosis impression and (7) destination of referral. The SPSS 19.0 was used to analyze the data.

Results A total of 1048 patients were sampled. A statistically significant relationship hasn't been found between place of residence, primary care area or areas of distribution in the Unit and attendance (χ^2). If we analyze the population of each distribution, we can describe similar percentages depending on the size of these.

Conclusions Although a different distribution and a relationship is thought between some areas and the attendance or the number of referrals, we didn't find out them in our sample.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.858>

EV0529

Identification of major depressive disorder among the long-term unemployed

K. Nurmela^{1,*}, A. Mattila², V. Heikkinen³, J. Uitti⁴, A. Ylinen⁵, P. Virtanen¹

¹ University of Tampere, School of Social Sciences and Humanities, University of Tampere, Finland

² Tampere University Hospital, Department of Adult Psychiatry, Tampere, Finland

³ Tampere University Hospital, Department of Neurosciences and Rehabilitation, Tampere, Finland

⁴ University of Tampere, School of Medicine, University of Tampere, Finland

⁵ University of Helsinki, Department of Neurological Sciences, Helsinki, Finland

* Corresponding author.

Introduction Depression is a common disorder among the unemployed, but research on identification of their depression in health care (HC) is scarce.

Objectives The present study aimed to find out if the duration of unemployment correlates to the risk for unidentified major depressive disorder (MDD) in HC.

Methods Sample of the study consisted of long-term unemployed who were in screening project diagnosed as having MDD ($n = 243$). The diagnosis was found in the records of HC in 101 (42%) and not found in 142 (58%) individuals. Binary logistic regression models were used to explore the effect of the duration of unemployment to the identification of MDD in HC.

Results The odds ratio (OR) for non-identified MDD in HC was 1.060 (95%CI 1.011–1.111, $P = 0.016$) per unemployment year and when unemployment had continued, for example, five years the OR for unidentified MDD was 1.336. The association remained significant throughout adjustments for the set of background factors (gender, age, occupational status, marital status, homelessness, self-reported criminal records, suicide attempts, number of HC-visits).

Conclusions This study among depressed long-term unemployed indicates that the longer the unemployment period has lasted, the greater the risk for non-identification of MDD is. HC services should