## e-Poster Walk: Epidemiology and social psychiatry

#### EW0408

# The dietary status of adults with ADHD

J.N. Kjaer<sup>1,\*</sup>, L. Jakobsen<sup>2</sup>, M. Lasgaard<sup>2</sup>,

P. Munk-Jørgensen<sup>3</sup>

<sup>1</sup> Aarhus University Hospital, Department of Affective Disorders, Risskov, Denmark

<sup>2</sup> Public Health and Quality Improvement, Central Region Denmark, Aarhus, Denmark

<sup>3</sup> Psychiatric Research Academy, Aarhus University Hospital, Århus, Denmark

\* Corresponding author.

*Objective* The aim was to investigate the dietary status of adults with ADHD. Furthermore, we compared the group with a representative sample of a healthy adult Danish population.

Data were collected from the ADHD database oper-Method ated by the ADHD outpatient clinic at Aarhus university hospital. We used data from newly referred patients in a seven months period from April 2014 through October 2014. The collected data include weight, height, blood pressure, somatic or psychiatric comorbidity, blood sample, physical activity scale. Concerning the diagnosis of ADHD: DIVA, ASRS, BRIEF-V. Inter99 was used to assess the dietary status. The representative sample was obtained as a part of a public health survey from 2010 called "how are you" conducted in the same region of Denmark as the location of the psychiatric hospital. Preliminary results, one hundred and forty-three patients were included in the study, 52% males. The mean age was 30.9 years. A larger proportion of ADHD patients fall in the category "unhealthy dietary pattern" compared to the representative sample population (26% vs. 12%), while the proportion in the "healthy dietary pattern" category is markedly lower (14% vs. 24%). The differences seem to be explained by lower than recommended intakes of fruits and vegetables.

*Conclusion* Our findings suggest a general shift towards more unhealthy dietary patterns among patients with ADHD. This exposes them to higher risk of somatic diseases, notably diabetes mellitus and cardiovascular disease. Lifestyle interventions could be a necessary part of standard treatment for patients with ADHD. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.022

#### EW0409

# Mental health stigma: What's been done? Where to go?

P. Macedo<sup>\*</sup>, M. Silva, A. Fornelos, A.R. Figueiredo, S. Nunes CHTMAD, Departamento de Psiquiatria e Saúde Mental, Vila Real, Portugal

\* Corresponding author.

Introduction Negative attitudes towards psychiatric patients still exist in our society. Persons suffering from mental illness frequently encounter public stigma and may internalize it leading to selfstigma. Discrimination occurs across many aspects of economic and social existence. It may represent a barrier for patients to receive appropriate care. Many anti-stigma campaigns have been taken to decrease people's prejudice, but its effects are not well documented.

*Objectives* To characterize anti-stigma initiatives and its effects on diminishing negative consequences of stigma.

*Methods* Bibliographical research using PubMed using the keywords "stigma" and "mental illness".

*Results* Despite several approaches to eradicate stigma, it shows a surprising consistency in population levels. It was expected that focus on education would decrease stigma levels. The same

was expected following concentration on the genetic causation of pathology. Most studies have revealed that education has little value and endorsing genetic attributions has led to a greater pessimism on the efficacy of mental health services, sense of permanence and guilty feelings within the family.

*Conclusion* Public stigma has had a major impact on many people with mental illness, especially when leading to self-stigma, interfering with various aspects in life, including work, housing, health care, social life and self-esteem. As Goffman elucidated, stigma is fundamentally a social phenomenon rooted in social relationships and shaped by the culture and structure of society. Social inclusion has been pointed as a potential direction of change.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.023

#### EW0410

### Mental health conditions and co-morbidities among internally displaced populations (IDPs) in Ukraine

N. Makhashvili<sup>1,\*</sup>, J. Javakhishvili<sup>2</sup>, I. Pinchuk<sup>3</sup>, B. Roberts<sup>4</sup>

<sup>1</sup> Ilia State University, Mental Health Resource Centre, Tbilisi, Georgia

<sup>2</sup> Ilia State University, Institute of Addictology, Tbilisi, Georgia

<sup>3</sup> Ukrainian Institute of General and Forensic Psychiatry, General and Forensic Psychiatry, Kiev, Ukraine

<sup>4</sup> London School of Hygiene and Tropical Medicine, epidemiology and public health, London, United Kingdom

<sup>\*</sup> Corresponding author.

Reliable epidemiological data on the burden of mental health conditions and key risk factors is crucial in helping to design appropriate trauma-informed mental health and psychosocial support responses for the estimated 1.4 million IDPs in Ukraine. The aim of the proposed study is to collect evidence on mental health and psychosocial support needs among IDPs in order to help inform mental health policy in Ukraine.

The specific objectives were to:

- measure the prevalence of mental health conditions of posttraumatic stress disorder (PTSD), depression, anxiety, and their co-morbidity;

- examine the characteristics associated with the mental disorders (e.g. gender, age, trauma exposure, socio-economic stressors);

- draft evidence-based recommendations for mental health and psychosocial support to relevant governmental and professional bodies in Ukraine.

The study used a cross-sectional survey conducted throughout Ukraine in 2016 with 2203 IDPs aged 18 years and over. Descriptive and multivariate regression analyses were used. PTSD prevalence was 32% (22% men; 36% women), depression–22% (16% men; 25% women), and anxiety prevalence was 17% (13% men; 20% women). There were also high levels of co-morbidity between PTSD, anxiety and depression. Key factors statistically significantly associated with mental disorders included female gender, older age, cumulative trauma exposure, more recent displacement and a bad household economic situation. The findings provided sufficient evidence to draft the trauma-informed mental health policy recommendations to key policy-makers in Ukraine.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.02.024