

Method Semi-structured interviews with eight responsible clinicians and four focus-group interviews with 20 ACT providers were recorded and transcribed. We also read case files and observed selected treatment planning meetings. The data were analyzed with a modified grounded theory approach.

Results The ACT teams provided high-intensive services over longer periods of time, which gave the teams important knowledge about the patients, reduced clinical uncertainty, and allowed for well-informed decisions about the need for coercive interventions. The treatment criterion was typically used to justify the need for CTOs. However, the danger criterion was in some cases used when patients had to be readmitted to hospital.

Conclusions According to the clinicians that were interviewed, patients' need for treatment was most often used to justify the CTOs in the Norwegian ACT teams.

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e-Poster walk: Epidemiology and social psychiatry; intellectual disability

EW0149

Postpartum depression in a public hospital in Cyprus. Prevalence, risk factors

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Introduction Postpartum depression (PPD) is a serious mental health condition. Untreated PPD places the mother and infant at risk and is associated with significant long-term effects on child development and behavior.

Objectives Appropriate screening for and prompt recognition and treatment of depression after the birth of a child are essential for maternal and child well-being.

Aims The purpose of the present study was to estimate the prevalence of PPD in the first 5 days after the birth of a neonate and to investigate associations with several risk factors.

Methods A cross-sectional study was conducted among 150 mothers, in a public obstetric hospital in Nicosia, Cyprus. A questionnaire was administered including socio-demographic characteristics. The Greek version of the Edinburgh postnatal depression scale (EPDS), a 10-item questionnaire to identifying women who are at risk of PPD, was used to estimate depression among the participants.

Results According to EPDS, 42% of the mothers screened positive for risk of developing PPD. Higher risk was observed in very young mothers (<20 years) (66.6% vs 15%), in women with history of psychological disorders (86.95% vs 33.85%), in single mothers (71.69% vs 22.8%), in women with serious problems during the pregnancy (74% vs 23.95%) and in mothers with not healthy neonate (75.7% vs 32.4%).

Conclusion The study reveals a high prevalence of PPD and identifies various risk factors associated with developing PPD. The use of maternal depression screening programs such as the EPDS may help to recognize an elevated risk of postpartum depression and to ensure a healthier mother-child relationship.

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EW0150

Antidepressant use during pregnancy and the risk of major congenital malformations in a cohort of depressed pregnant women: A re-analysis of the Quebec pregnancy cohort

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Objective To quantify the association between first-trimester antidepressant exposure and the risk of major congenital malformations (MCM) in a cohort of depressed women.

Method Data were obtained from the Quebec pregnancy cohort. All pregnancies with a diagnosis of depression or anxiety, or exposed to antidepressants in the 12 months before pregnancy, and ending with a live-born singleton were included. Antidepressant classes (selective serotonin reuptake inhibitors (SSRI), serotonin norepinephrine reuptake inhibitors (SNRI), tricyclic antidepressants (TCA), and other antidepressants), and types were individually compared to non-exposure during the first-trimester (depressed untreated). MCM overall and organ-specific malformations in the first year of life were identified.

Result Eighteen thousand four hundred and eighty-seven depressed pregnant women were included. Citalopram use during the first-trimester was increasing the risk of MCM (aOR 1.36, 95%CI 1.08, 1.73; 88 exposed cases). Antidepressants with serotonin reuptake inhibition effect (SSRI, SNRI, amitriptyline (the most used TCA)) were increasing the risk of certain organ specific defects: paroxetine was increasing the risk of cardiac defects (aOR 1.45, 95%CI 1.12, 1.88), and ventricular/atrial septal defects (aOR 1.39, 95%CI 1.00, 1.93); citalopram was increasing the risk of musculoskeletal defects (aOR 1.92, 95%CI 1.40, 2.62), and craniyosynostosis (aOR 3.95, 95%CI 2.08, 7.52); TCA was associated with eye, ear, face and neck defects (aOR 2.45, 95%CI 1.05, 5.72), and digestive defects (aOR 2.55, 95%CI 1.40, 4.66); and venlafaxine was associated with respiratory defects (aOR 2.17, 95%CI 1.07, 4.38).

Conclusion Antidepressants with effects on serotonin reuptake during embryogenesis are increasing the risk of some organ specific malformations in a cohort of pregnant women with depression.

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EW0151

Dealing with specific cognitive dysfunctions associated with psychiatric vulnerability in intellectual developmental disorders

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Introduction Despite the increasing evidence of common neurodevelopmental alterations and high simultaneous or sequential co-occurrence, the relationship between specific cognitive dys-

functions and psychiatric vulnerability has not been adequately studied, not even in people with intellectual developmental disorders (IDD), whose rate of mental health problems is up to 4 times higher than the general population.

Aim The aim of the present paper is to investigate the correlation between specific cognitive dysfunctions or dysfunctional cognitive patterns and the presence of specific psychiatric symptoms and syndromes in people with IDD.

Methods A sample of 52 individuals with IDD consecutively attending a clinical facility for multidisciplinary evaluation, in Florence, Italy was assessed through the SPAID (psychiatric instrument for intellectual disabled adult) system, the WAIS III - R (Wechsler adult intelligence scale III - Revised), the TMT (trial making test), and other neuropsychological tools. Psychiatric diagnoses were formulated by expert clinicians in accordance to DC-LD or DM-ID criteria. The main procedure of the data statistical elaboration was the calculation of frequency and correlation indexes.

Results Some relevant correlations have been found, that between executive frontal functions, autistic traits and impulse control disorder, and that between working memory and bipolar disorder were among the strongest.

Conclusions In people with IDD some cognitive alterations or 'characteristics' significantly correlate with the presence of psychiatric disorders. The possibility to understand the nature of this relationship seems to increase with the degree of specificity of variables in both the cognitive and the psychopathological assessment.

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EW0152

QuIQ (quick instrument for quality of life): A new instrument for a rapid assessment of generic quality of life

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Introduction Recently, new patient-oriented outcome measures have emerged in mental health research and practice. Among these, generic quality of life (GQoL) has gained a central place and has come to represent a valid endpoint in most settings, from basic care programs to clinical trials, especially for the field of intellectual disability (ID). However, most studies still refer to health-related QoL, and the tools for the assessment of GQoL present many issues related to the structure complexity and administration time.

Aim The purposes is to evaluate psychometric properties of a new rapid tool for the GQoL assessment named QuIQ (quick instrument for quality of life), originally constructed for use for people with ID.

Methods Two hundred and ten persons with ID were consecutively administered with the QuIQ. A part of them were also assessed with the BASIQ, the Italian adaptation of the quality of life instrument package. QuIQ has the same conceptual framework and refers to the same areas of the BASIQ, but include a low number of dimensions (only attribution of importance and perception of satisfaction) and a factor way of score attribution such as visual analogue scale and graphic geometrical mean calculation.

Results QuIQ showed good internal coherence (Cronbach's $\alpha = 0.92$), inter-rater reliability (Cohen's $K > 0.93$), and concurrent validity (> 0.8) with BASIQ.

Conclusion These findings seem to display for the QuIQ good psychometric characteristics. They also suggest that it could be possible to apply rapid QoL assessment to all the range of people with ID. This could have very important implications for future massive use in different settings.

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EW0153

Predictors of the use of psychosocial interventions in Portugal: Results from the SMAILE project

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Introduction The treatment of psychiatric disorders depends on a combination of different types of care, such as psychiatric treatment and psychosocial interventions. However, there is little research on the factors that determine access to care, particularly to psychosocial interventions.

Objectives To characterize the use of psychosocial interventions (psychotherapy, day hospital, and psychosocial rehabilitation) in users of outpatient psychiatric services in Portugal.

Aims This retrospective study analyses all outpatient psychiatric visits in four Portuguese departments of psychiatry in the metropolitan areas of Lisbon and Porto, and aims to evaluate the socio-demographic and clinical determinants of psychosocial interventions.

Methods Socio-demographic and clinical variables were obtained from clinical charts of outpatients' visits in 2002, 2007 and 2012 ($n = 2621$). All patients were characterized regarding the use of any psychosocial intervention beyond psychiatric consultations. Logistic regression analysis was performed to evaluate the predictors of psychosocial interventions use.

Results Being followed in 2012, being single, having no professional activity, and having a diagnosis of psychosis or common mental disorder were significantly associated ($P < 0.05$) with higher odds of accessing psychosocial interventions. On the other hand, a lower level of education was associated with less use of this type of care.

Conclusions Socio-demographic and clinical characteristics of psychiatric services, outpatients are determinants of the use of psychosocial interventions. Evidence suggests that social inequalities may influence the access to psychosocial interventions in Portugal.

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EW0154

The burden of mental disorders in the eastern Mediterranean region, 1990–2013

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The eastern Mediterranean region (EMR) is witnessing an increase in mental illness. With ongoing unrest, this is expected to rise. This is the first study to quantify the burden of mental disorders in the EMR. We used data from the global burden of disease study (GBD) 2013. DALYs (disability-adjusted life years) allow