

Methods Thirty-three treatment-seeking AUD individuals were recruited from addiction division of psychiatry department of Çanakkale Onsekiz Mart University. Patients who agreed to participate in the study and completed detoxification treatment were enrolled to the study. After describing the study and obtaining informed consent, participants were assessed with demographic questionnaires (including questions such as age, gender, income status, duration of alcohol use, amount of alcohol use, duration of abstinence were given to participants) followed by the semi-structured interview. Emotion regulation was assessed with the difficulties in emotion regulation scale.

Result Of the patients, 93.9% were male. The average age of participants was 41.21 ± 12.8 years. Of the participants, 60.6% were type 1 and 39.4% of type 2. There was statistically significant difference between type 1 and type 2 alcoholism in terms of emotion regulation. Type 2 alcoholism has more emotional regulation difficulties than type 1 alcoholism. This finding may be consistent with earlier onset of having more impulsive drinking pattern in type 2.

Conclusions In conclusion alcohol use disorders are thought to be associated with emotion dysregulation. Emotion regulation difficulties, was higher in type 2 than type 1. Emotional regulation strategies should be considered in the interventions and may be evaluated as a new prognostic criteria.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1727>

EV1398

Impact of childhood trauma on co-morbidity among alcohol dependent patients: Controlled study

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Introduction Childhood trauma has been found to be prevalent in treatment-seeking alcoholics.

Objectives We aimed to investigate the childhood trauma prevalence among alcohol dependent patients and the prevalence of psychiatric co-morbidity.

Methods A total of 61 participants were assessed; 35 treatment-seeking alcohol dependent patients and 26 age-gender matched controls in the addiction division of psychiatry department of Çanakkale Onsekiz Mart University. After describing the study and obtaining informed consent, participants were assessed with demographic questionnaires, followed by the structured clinical interview for the DSM-IV-TR and childhood trauma questionnaire (CTQ-28).

Result The 91.4% of the patients were male, mean age was 42.03 ± 12.9 . The overall prevalence of CTE of the alcohol dependent patients was (88.6%) higher than the control (42.3%) group. Respectively the prevalence of physical neglect was 80%, emotional neglect 74.3%, emotional abuse was 51.4%, physical abuse 40% and sexual abuse 28.6%. For psychiatric disorders 96.8% of the alcohol dependent patients with childhood trauma reported any of the psychiatric disorders, 64.5% ever having a mood disorder with 25.8% ever having any anxiety disorders, and 16.1% ever having attention and hyperactivity disorder. The most common psychiatric co-morbidity was found to be as depression (58.1%).

Conclusions In conclusion alcohol use disorders are thought to be associated with childhood trauma. Patients with alcohol use disorders are exposed to have more childhood trauma. Childhood trauma is associated with psychiatric co-morbidity especially depression. We have to ask for childhood trauma in alcohol dependent patients with psychiatric co-morbidity.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1728>

EV1399

Tobacco cessation failure: Predictive value of BDI score

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Background Smoking is a major healthcare issue. Evidence shows considerable comorbidity between nicotine dependence and depressive disorders.

Objectives We are interested in the correlation between Beck's depression inventory (BDI) scores and smoking cessation outcomes.

Methods Retrospective, transversal and analytical study. Data were collected from 95 patients followed in the smoking cessation consultation of The military hospital of Tunis. The BDI was used to assess depressive symptoms and nicotine dependence evaluated by Fagerstrom test for nicotine dependence (FTND).

Results Population was composed of men (92%), married in 65% of cases, with a mean age of 45 ± 13 years. The mean age of smoking initiation was 18 ± 4.5 years. Regular smoking average was 37 ± 20 Packs/Year. The mean cigarette consumption was 30 ± 15 per day. Forty-two percent patients reported at least one attempt to quit smoking, with an average of 37.26 days of abstinence. The mean score of FTND test was 7 ± 2.31 . The BDI score was higher than 3 in 86% of cases. Patients with severe depression (BDI > 15) had never attempted a withdrawal in 71% of cases ($P=0.009$), had a high or very high dependence in 85.7% of cases ($P=0.016$). The average of cigarettes per day was 40 ($P=0.035$) and they had failed withdrawal in 79% of cases ($P=0.53$).

Conclusion There was a fairly consistent association between presence of depression and smoking severity. This suggests that for individuals with nicotine dependence who are interested in quitting smoking, assessment and treatment of depressive symptoms may improve smoking cessation outcomes.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1729>

EV1400

Does a state of alcohol hangover impair event based prospective memory?

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Introduction The alcohol hangover state (AHS) is characterized by range of symptoms (e.g., drowsiness, fatigue, gastro-intestinal problems, dry mouth, nausea, sweating) that remain after ones blood-alcohol level returns to zero following a recent bout of excessive drinking. Recent findings have revealed a range of cognitive deficits associated with an AHS, including memory deficits. It is less clear what impact the AHS has upon everyday remembering; of which prospective memory is an excellent example (PM: memory for future plans/actions; such as remembering to perform a task at a specific time).

Aims The present study explored whether the AHS impairs everyday PM.