higher than 7 on the HRSD-17 and age between 25 and 65. Psychiatric rating scales for clinical evaluation of prominence of symptomatology: 17-item Hamilton Rating Scale for Depression (HRSD-17) and PANSS (Positive And Negative Syndrome Scale).
*Results* The prevalence of patients with depressive symptoms among the schizophrenic patients was 45% i.e. out of 20 evaluated patients with schizophrenia, 9 showed depressive symptoms. The total score in the remaining 11 patients on the HRSD-17 was lower than 7 and they were excluded. Difference between the two groups for gender difference was not statistically significant.
*Conclusions* The percentage of patients with depressive symptoms among the patients with schizophrenic disorder was 45%. Schizophrenic patients more frequently presented mild and moderate depression in comparison to the control group. In the majority of subjects with schizophrenia and depressive symptoms positive schizophrenic symptomatology was predominant.
*Disclosure of interest* The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.238

**EW122**

## Substance abuse and quality of life in chronic hepatitis C patients receiving antiviral treatment

E. Egmond [1,*], G. Oriolo [1], M. Cavero [1], K. Langohr [2], R. Solà [3], R. Navines [1], R. Martin-Santos [1]
[1] *Hospital Clínic, Psychiatry and Psychology, Barcelona, Spain*
[2] *Polytecnic University of Barcelona, Statistics and Operation Research, Barcelona, Spain*
[3] *Hospital del Mar, Hepatology, Barcelona, Spain*
[*] *Corresponding author.*

*Introduction* Chronic hepatitis C virus (HCV) is one of world's most important chronic infections. HCV can be treated using interferon-alpha (IFNα) and ribavirin (RBV). HCV, IFNα and RBV are known to impair mental and physical life quality. Many HCV-infected individuals have life-prevalence of substance use disorder (SUD).
*Objectives* To study life quality (SF-36) in HCV patients with SUD history during antiviral treatment.
*Methods* SF-36 questionnaire was assessed in 384 HCV patients at baseline, and at 4, 12, 24, and 48 weeks of treatment. ANCOVA models were used to study the association of SF-36 scores and potential risk factors at baseline. Risk factors from baseline scores over time were studied through linear mixed models, adjusting for baseline scores.

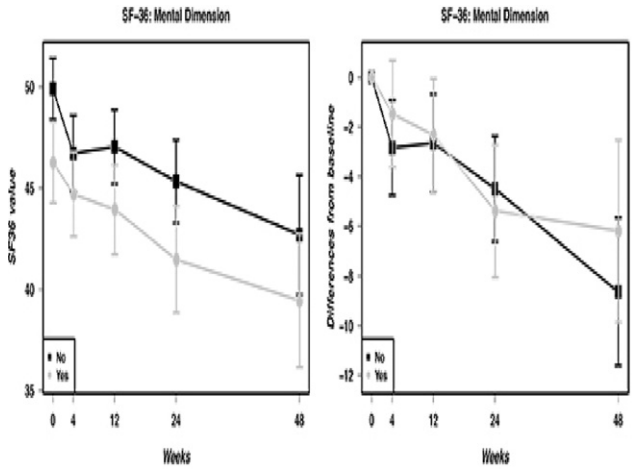


*Fig. 1* Mental component scale during treatment.

*Results* At baseline, SUD men had worse mental ($P = 0.03$) and physical health ($P = 0.022$), and younger patients had worse social functioning ($P = 0.011$), and mental ($P = 0.001$) but better physical health ($P < 0.001$). Figs. 1 and 2 show the results of mental and physical life quality during treatment from baseline.
*Conclusions* This study emphasizes the decrease in life quality in HCV patients with SUD before and during antiviral treatment.
*Grant* Instituto de Carlos III-FIS: PSICOCIT-PI110/01827,EU "One way to make Europe", Ministerio de Economia y Competitividad (MTM2012-38067-C02-01), and support of SGR/2014/1135.

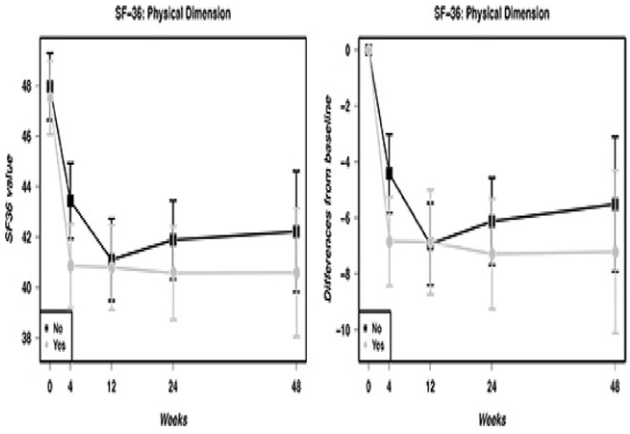


*Fig. 2* Physical component scale during treatment. Adjusting for gender, age, HIV co-infection, and history of mood disorders.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.240

**EW123**

## Challenging patients: Human misery

I. Ganhao [1,*], S. Paiva [2], J. Cardoso [2]
[1] *Qta do Anjo, Portugal*
[2] *Centro Hospitalar Psiquiatrico de Lisboa, Psiquiatria Geral e Transcultural, Lisbon, Portugal*
[*] *Corresponding author.*

*Introduction* Psychiatry has seen significant progress in recent decades due to scientific advances. However, beyond genes, neurotransmitters and neurocircuits, there is a truly human dimension that escapes all the science. The choices each one makes, even if biologically mediated, and the consequences, even if mediated through individual vulnerabilities, dictate an outcome. That outcome may be a biopsychosocially ill individual. Health professionals trained and up-to-date on the latest research are confronted with challenges that far outweigh what they expected and know what to do with, defying the humanity of even the most humane.
*Objective* To reflect upon a clinical case of human misery.
*Aims* To promote growth at a professional and personal level through the process of treating challenging patients.
*Methods* Presentation of a clinical case.
*Results* A homeless person with a history of and current drug use, prostitution, untreated HIV-AIDS, hepatitis B and C, untreated *Mycobacterium lentiflavum* pulmonary infection, bleeding rectal prolapse, prolonged psychotic manic episode and a very difficult personality has trouble finding and ultimately rejects help from medical professionals and ends up involuntarily admitted to a psychiatric inpatient unit.
*Conclusions* Many unsolvable or only partially solvable puzzles end up under psychiatric care. The complexity of human nature escapes all scientific advances. We can put many pieces together