

sation in an acute psychiatry ward, evaluated by a nutritionist in the admission and medical discharge. The intervention consisted in a diet and physical activity program, with total restriction to visitors to bring food to the patients. Statistical analysis was done with T-student and multiple linear regression taking into account the effect of age, sex, daily dose of antipsychotics, and days of hospitalisation. **Results** Sixty-six patients were studied (34 cases and 32 controls). Groups were statistically similar concerning the average of age, daily dose of antipsychotics, days of hospitalisation and sex. The differences of weight gain during hospitalisation were 0.088 kg (cases) versus 1484 kg (controls),  $P < 0.05$ . And the differences of the increased BMI during the hospitalisation were 0.041 kg/m<sup>2</sup> (cases) versus 0.509 kg/m<sup>2</sup> (controls),  $P < 0.05$ .

**Conclusions** Obesity presents challenging health problems for individuals with severe mental illness that require inpatient treatment. This study provides evidence that individuals with acute mental illness can benefit from weight control interventions during their hospitalisation, in special a total restriction to visitors to bring food to the patients.

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

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EW0097

### Update and revision of the RANZCP clinical practice guidelines for mood disorders

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In 2015, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) published its new Clinical Practice Guidelines (CPGs) for Mood Disorders. The Mood Disorder CPG focuses on 'real world' clinical management of depressive and bipolar disorders, addressing mood disorders as a whole to recognise the overlap between distinct diagnoses and changes in diagnoses along the mood disorder spectrum. This presentation will provide an overview of the process and methodology used in the development of the guidelines, as well as the key principles established in the new CPG for the assessment and management of depressive and bipolar disorders.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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EW0098

### Psychiatry's and psychiatrists' contract with society

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**Introduction** The World Psychiatric Association (WPA) is a worldwide association of national psychiatric associations, aiming to increase knowledge and skills necessary for work in the field of mental health and care of the mentally ill. It was suggested that Psychiatry's relationship with society should be seen as a contract [1]. This implicit understanding usually specifies the scope, principles, quality and outcome of this agreement. It also implies a series of reciprocal rights and duties, privileges and obligations, as well as expectations from both sides.

**Aim** To investigate the extent of existing social contracting of WPA Member Associations (MAs) and WPA structures regarding:

- communities they serve;
- general public;
- medical institutions;

- other practitioner groups in the multidisciplinary team;
- administrations, managers and funders.

**Objectives** Include to describe the current scope of psychiatric practice across WPA regions and the content of existing social contracts.

**Methods** A mixed-methods, explorative, descriptive, theory generating inquiry, with different phases, including a systematic review of literature and WPA documentation, electronic questionnaires to MAs and focus group discussions with WPA ZS chairs/representatives.

**Results** MA profiles and progress indicators were identified and summarised. A transcription of group discussions was made, while pertaining documents and in depth/focus group interview content was analysed.

**Conclusions** This presentation will report on progress with this study to date.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

**Reference**

- [1] Bhugra D. Introduction. In: Bhugra D, Malik A, Ikkos G, editors. *Psychiatry's Contract with Society: Concepts, controversies and consequences*. Oxford: Oxford University Press; 2011.

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## e-Poster walk: Depression–part 1

EW0099

### Effect of electroconvulsive therapy on serum serotonin level in patients with treatment-Resistant major depressive disorder

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**Background** This study aimed to determine the effect of Electroconvulsive Therapy (ECT) on serum serotonin level of patients with major depressive disorder (MDD).

**Methods** In this experimental study, 36 patients (age: 20–65 years old) with MDD were allocated to ECT group ( $n = 21$ ) and non-ECT group ( $n = 15$ ). Serum serotonin level of the ECT group was measured before ECT, 15 minutes and two, six, and 24 hours after the first session, and 24 hours and 30 days after the last ECT session. Measurements were performed at the time of admission and one month after hospitalisation in the non-ECT group. Data analysed with t-tests, repeated measures analysis of variance by SPSS16.

**Results** The mean serotonin levels of the two groups were significantly different 24 hours and 30 days after the last session of ECT ( $P = 0.048$  and  $P = 0.04$ , respectively). The difference of mean serotonin levels in the ECT group before & 15 min after ECT ( $P = 0.044$ ) before & 6 hour after ECT ( $P = 0.015$ ), before & 24 hour after ECT ( $P = 0.007$ ), before & 24 hour after last ECT (0.002) was meaningful.

**Conclusion** Altogether, our results showed that serum serotonin levels significantly increase following ECT in MDD patients.

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

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