

bia 2–6%, panic disorder 9%, social phobia 1%) insomnia 11–29%, personality change of 33.3%, dementia 8.16% and substance use 3–8%.

Conclusions We have identified significant rates of neuropsychiatric morbidity in patients with traumatic brain injury. We have particularly identified limited research studies into psychosis, mania, dementia and personality disorders in this patient group. The review further emphasises the importance of identifying neuropsychiatric comorbidities in post-traumatic brain injury and the importance of addressing these comorbidities.

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EV668

One risk factor of depression disorder in Chinese women

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Background The prevalence of major depressive disorder (MDD) is higher in those with the unemployed and those with low social status. Most of the available data comes from studies in developed countries, and these findings may not extrapolate to developing countries. However, the extent of unemployed status cause MDD is unclear. This study seeks to determine whether depressive disorder is associated with unemployment and to further investigate the relationship between occupation, and social class in Han Chinese women with MDD.

Method Data came from Oxford and VCU Experimental Research on Genetic Epidemiology (CONVERGE) study of MDD (6017 cases, age between 30 and 60; 5983 controls, age between 40 and 60). DSM-IV depressive and anxiety disorders were assessed using the World Mental Health Composite International Diagnostic Interview. All subjects were interviewed using a computerized assessment system. All interviewers were trained by the CONVERGE team for a minimum of one week. The interview includes assessment of psychopathology, demographic and personal characteristics, and psychosocial functioning.

Results The odds ratio (OR) between employment and MDD is 0.69. An OR of less than one is protective. Lower social class is not associated with an increase in the number of episodes, or with increased rates of comorbidity with anxiety disorders.

Conclusion This study suggests that in Han Chinese women, employment is positive protect factor to MDD. Lower social status and unemployment increases the risk and severity of MDD. In China, lower socioeconomic position is associated with increased rates of MDD, as it is elsewhere in the world.

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Ethics and psychiatry

EV669

Involuntary hospitalization in a mental health unit in 2014

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Objectives Deliver a detailed analysis of the mental distortions, which led to involuntary hospitalization in a mental health unit in 2014 and their gender distribution.

Method We analyze the total number of hospitalizations in our mental health hospital unit. From the patient registry, we extract the type of hospitalizations (voluntary or involuntary), the diagnosis and the gender.

Results In our analysis, we find a total of 315 hospitalizations. One hundred and fifty-nine (50.48%) of them are voluntary, 150 (47.62%) are involuntary and 6 (1.90%) are a result of a judicial order. From the total involuntary hospitalizations, 81 patients were diagnosed as psychotics disorders (60%), 34 (25.18%) affective disorders, 11 (8.14%) personality disorders, 3 (2.22%) adaptive disorders, 2 (1.48%) mental retardation and 2 (1.48%) autism spectrum disorders.

Conclusions According to article 763 of Spanish Procedural Law (Ley 1/2000 de Enjuiciamiento Civil) from the 7th of January: "The hospitalization of a person due to mental disorders who is not in a condition to decide for himself/herself, even should he/she be a subject to parental authority or guardianship, shall require court authorization, which shall be obtained from the court of the place of residence of the person affected by such hospitalization." For this reason the involuntary admission is considered as an exceptional and necessary measure, which is limited in time.

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EV670

Ethical aspects of involuntary outpatient treatment

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Introduction Involuntary outpatient treatment (IOT) is a type of non-voluntary treatment applied in the community, which tries to ensure the therapeutic compliance of patients that have a severe mental illness.

In Spain, a specific legal regulation about this matter does not exist; however, it is a fact in clinical practice. The application of IOT is not without controversy, with advocates, who consider it a way of achieving therapeutic compliance, and detractors, who think it is an infringement of the fundamental rights of a person.

Objectives/methodology An evaluation of the knowledge on IOT in Spain. Analyze the four ethical principles found in this treatment.

Results The protection of the patient is encompassed in the principle of beneficence. And how could we combine this with the principle of autonomy? The answer should be individualized and based on a determined disorder. Starting with non-maleficence, we ask if IOT would provoke a rejection so that the patient would distance himself further from the therapeutic environment. As for the principle of justice, the high cost by patients that do not comply with the treatment would be diminished if we are able to have them follow the treatment with higher effectiveness. This would allow a greater number of patients to access these resources.

Conclusions The proposal of IOT should be preceded by a deliberative process. This process should include a psychiatric diagnosis that includes not only psychiatric aspects, but psychological, familial and social as well. This would compel us to create a personalized design of the therapeutic needs of each patient.