

conducted to discuss content. An 8 hour educational session was then developed and piloted using the content that was reviewed and validated.

Results Thirteen content areas were identified and validated by experts. Evaluations from participants of the educational session suggest improved knowledge, skills and competencies in dual diagnosis care.

Conclusions This project translates evidence into practice, contributes to the body of knowledge on dual diagnosis care and improves practitioners' confidence and competency in delivering evidence-based care which also will improve patient care outcomes and experiences.

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EV0198

QTc Interval in psychiatric inpatients: A retrospective study

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Introduction Several psychotropic medications (i.e. antipsychotics, antidepressants) have been recently associated with QTc prolongation. Despite literature data report only mild prolongation of QTc following the use of antidepressants or typical antipsychotics, post-marketing studies have clearly evidenced an increased risk of QTc prolongation and potentially lethal arrhythmias (i.e. torsade de pointes) in psychiatric patients.

Objectives We aimed to evaluate the prevalence of prolonged QTc and to identify potential predictors influencing QTc in a psychiatric inpatient population.

Methods Medical records of 200 patients admitted to our psychiatric ward between 2007 and 2012 were retrospectively reviewed.

Results Prevalence of prolonged QTc at admission was very low (0.1%). No significant differences in QTc interval were observed between patients taking or not antipsychotics ($P=0.66$), mood stabilizers ($P=0.36$), or antidepressants ($P=0.07$). A statistically significant difference was observed between patients on depot formulation and patients who were taking oral antipsychotic ($P=0.02$). However, the pharmaceutical class of the medications appeared not significant.

Conclusions We observed a very low rate of QTc prolongation in psychiatric inpatients at admission. Surprisingly we did not find a significant effect of specific medications; however, in our sample intramuscular formulation was associated with lower QTc interval.

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

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EV0199

Attention deficiency hyperactivity disorder and Internet addiction comorbidity: A case report

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Introduction Internet addiction is a serious problem especially for children and adolescents. It is described by an individual's inability to control the Internet, which causes distress and functional

impairment. Internet addiction symptoms can be Internet surfing, computer gaming, chatting and gambling by using Internet. Previous studies regarding Internet addiction can interfere with some psychiatric disorders; such as bipolar disorder, depression, anxiety or attention deficiency disorder (ADHD). Some researchers emphasized that psychiatric disorders and Internet addiction can be seen together and excessive use of the Internet has been associated with attention deficit hyperactivity disorder.

Case 19 years old male patient discussed in this paper who was admitted to our psychiatric service for the first time in his life, complaining about uncontrollable use of internet. He spent time more than 10 hours/day. His family finally opposed and took his computer from him, just before he got depressive symptoms. We diagnosed him ADHD by using psychometric tests and psychiatric evaluations. After medical therapy and psychotherapy, we discussed changes his psychiatric situations and symptoms.

Discussion This case emphasized possible relationship between Internet addiction and symptoms of ADHD.

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

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EV0200

Cancer incidence in young and middle-aged people with schizophrenia: Nationwide cohort study in Taiwan, 2000–2010

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Aims The relationship between cancer and schizophrenia requires re-examination. We investigated the cancer risk among young and middle-aged patients with schizophrenia.

Methods Records of newly admitted patients with schizophrenia ($n=32,731$) from January 2000 through December 2008 were retrieved from the Psychiatric Inpatient Medical Claims database in Taiwan, and the first psychiatric admission of each patient during the same period was defined as the baseline. Five hundred and fourteen incident cancer cases were identified and standardized incidence ratios (SIRs) were calculated to compare the risk of cancer between those with schizophrenia and the general population. Stratified analyses of cancer incidences were performed by gender, site of cancers, and duration since baseline.

Results The incidence of cancer for all sites was slightly higher than that of the general population for the period (SIR=1.15 [95% CI 1.06–1.26], $P=0.01$). Men had a significantly higher incidence of colorectal cancer (SIR=1.48 [95% CI 1.06–2.06], $P=0.019$). Women had a higher incidence of breast cancer (SIR=1.47 [95% CI 1.22–1.78], $P<.001$). Intriguingly, the risk for colorectal cancer was more pronounced 5 years after the first psychiatric admission rather than earlier (SIR=1.94 [1.36–2.75], $P<.001$), and so was the risk for breast cancer (SIR=1.85 [1.38–2.48], $P<.001$). The cancer incidence was higher in schizophrenic patients contradicting the belief that schizophrenia was protective of cancers.

Conclusions Men and women with schizophrenia were more vulnerable to certain types of cancers, which indicate the need for gender-specific cancer screening programs.

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