This conclusion implies the neccesity of strat the treatment in young people, treating to avoid drug use and/or dangerous behaviors in this group of patients.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1371

EV387

The influence of psychopharmacological treatment in the long-term outcome in patients suffering ADH with comorbid drug use

L.A. Núñez Domínguez [1,*], A. Portilla Fernández [2], L. Reula [3], E. Manrique Astiz [4], O. Arbeo Ruiz [5], M. García Nicolás [6], O. Fernández de la Vega [7]

[1] *Centro Médico, Psychiatry, Pamplona, Spain*
[2] *Hospital de Día, Psychiatry, Pamplona, Spain*
[3] *Clínica de Rehabilitación, Psychiatry, Pamplona, Spain*
[4] *Mental Health Center, Psychiatry, Tafalla, Spain*
[5] *Centro de Día Zuría, Psychiatry, Pamplona, Spain*
[6] *Menatl Health Center, Psychiatry, Tudela, Spain*
[7] *Menatl Health Center, Psychiatry, Pamplona, Spain*
* *Corresponding author.*

ADH is one of mental disease with a higher prevalence of alcohol and drug abuse. ADH is a risk factor for drug use, and that's true in the reverse sense. The mutual influence in both disorders is clear and the presence of both disorders together could be a real challenge for a clincial professional.

The main objective of the study is to evaluate the influence of the psychopharmacological treatment in the longterm outcome of this sample, using a measurement drug use, adherence to the treatment and impulsivity.

We make a study that includes a group of patients with both disorders. We select a sample from the Centro de Día Zuría. The patients complete a battery of scales (SCL-90, BArratt, SF-36) before and after the beginning of psychopharmacological treatment.

Our results shows a better prognosis in the patients with a good adherence to treatment, with a decrease in frequency and levels of drug use and a decrease in impulsivity, with a low level of behavioral disorders and violence.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1372

EV389

Between Scylla and Charybdis: Where does the treatment of Addison's disease in late-life depression go first?

S. Petrykiv [1,*], M. Arts [2], L. de Jonge [3]

[1] *GGZ Friesland, Emergency Psychiatry, Leeuwarden, Netherlands*
[2] *UMC Groningen, Old Age Psychiatry, Groningen, Netherlands*
[3] *UMC Groningen, Epidemiology, Groningen, Netherlands*
* *Corresponding author.*

Introduction Older adults with adrenocortical insufficiency, including Addison's disease (AD), are at an increased risk for developing late-life depression. Treatment of AD with glucocorticoid replacement therapy may exacerbate depressive symptoms and may complicate treatment of late-life depression.

Objectives To present a case with algorithm of decision-making in a particular case of glucocorticoid induced depression in patient with syndrome of Addison.

Aims To report a case-study, describing treatment of Addison's disease in LLD.

Methods A case report is presented and discussed, followed by a literature review.

Results A 77-year-old female, diagnosed with Addison's disease, was referred with persistent fatigue, weakness, weight loss, sleep disturbances, and depressive symptoms over the previous 6 months. She was taken losartan 100 mg/day, zolpidem 10 mg/day, fludrocortisone 100 μg/day, and hydrocortisone 35 mg/day. There was no personal or family history of psychiatric problems. Clinical examination was normal aside from skin hyperpigmentation. After initial minimal dose reduction of glucocorticoids, Addison's disease remained under control. One week later, her depressive symptoms disappeared without administration of antidepressants.

Conclusion The association between glucocorticoid replacement therapy and late-life depression is not well understood. The current case shows that treatment of glucocorticoid-induced depression in subjects with Addison's disease is achievable by minimal adjustments in glucocorticoid regiment. However, collaboration with endocrinology is of vital importance to prevent an Addison's crisis. Pharmacokinetic dose-finding studies are required to find optimal glucocorticoid adjustment strategy.

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

http://dx.doi.org/10.1016/j.eurpsy.2016.01.1374

EV390

ADHD "Symptomatic contamination" in dual pathology (I): general analysis of the "Sym_Con" sample

J.M. Zoido Ramos [1,*], F.J. Pino Calderon [2], J.R. Gutierrez Casares [3]

[1] *Servicio Extremeño de Salud, CEDEX "Los Pinos", Badajoz, Spain*
[2] *Servicio Extremeño de Salud, ESM Montijo-Puebla, Montijo, Spain*
[3] *Servicio Extremeño de Salud, Hospital Perpetuo Socorro, Psichiatría, Badajoz, Spain*
* *Corresponding author.*

Introduction The links between ADHD and SUD are demonstrated in the scientific literature. The existence of dual diagnosis affects both prognosis and clinical-therapeutic assessment.

Objective and aims Describe the general characteristics of a sample of patients with SUD ($n = 162$) who seek treatment for their addiction, based on the presence of symptomatic contamination by ADHD, compared to a sample of adults ($n = 246$) without addictive pathology (parents of children with different risk for ADHD).

Methods We assessed using different scales the properties of the sample (visual analogical [general state of health, sadness, anxiety, irritability, suspiciousness], WURS, BDI and Exploratory List of ADHD symptoms).

Results The average age in the group of parents was 40.59 versus 35.88 on the SUD group, with 42% and 87% males respectively. SUD group presented worse general state, with higher average of sadness, anxiety, irritability and suspicioness, as well as WURS and exploratory symptoms of ADHD, as shown in Tables 1 and 2.

Conclusions The SUD group had higher ADHD symptomatic contamination respect to Parents group. These results are preliminary and are pending more thorough analysis as part of a more extensive and complex study, requiring further confirmation in future studies.

Table 1 Informe.

SUD versus Parents		VAS-Estado General	VAS-Tristeza	VAS-Ansiedad	VAS-Irritabilidad	VAS-Suspicacia	WURS-Total	WURS-Conduc_Anim ov Relaciones	WURS-Problemas médicos	WURS-Escolares-académicos	WURS-25	Lista Exploratoria Síntomas_Adult	ListaExpSint_Life	BDI-21 items
Parents	Media	5,32	4,79	5,14	5,19	4,97	65,07	48,00	4,07	13,05	29,71	10,69	6,34	9,31
	N	230	234	234	235	232	238	238	238	239	238	243	241	225
	Desv. Ep.	1,137	1,753	1,736	1,609	1,481	26,616	21,445	3,772	7,757	16,251	6,168	5,829	6,183
SUD	Media	4,74	5,57	5,90	6,08	5,63	93,12	71,69	4,07	17,40	46,90	21,89	12,45	17,75
	N	155	158	158	159	155	155	156	158	158	157	161	161	162
	Desv. Ep.	2,224	2,569	2,790	2,758	2,634	28,302	23,334	3,715	8,903	17,960	10,420	5,917	10,257
Total	Media	5,09	5,11	5,45	5,55	5,17	76,13	57,30	4,07	14,93	36,54	15,15	8,79	12,94
	N	385	392	392	393	387	393	394	396	394	395	404	402	387
	Desv. Ep.	1,883	2,160	2,258	2,187	2,054	30,519	25,033	3,744	7,733	18,920	10,656	6,172	9,997