

Methods The literature was accessed in order to investigate the status of clinical early intervention services throughout the world. In terms of Greece, a naturalistic research was added to the literature one, since there are not enough published data available.

Results Hundreds of early intervention programs exist in Australia, Europe, North America and Asia, designed to provide early and sustained care with less prescription not only soon after psychosis has been diagnosed but in a prodromal state as well, like the outreach and support in South London (OASIS) team. In Greece, four early intervention services have been established since 2007, without funding, and they still operate in a volunteer basis. Furthermore, the field about ultra-high risk subjects in Greece remains neglected.

Conclusions The specialized services play an important role in the prevention and proper clinical management of the illness and its outcome with a positive impact on the economy. Greece needs to recognize the significance of this issue in order to enhance public health and welfare.

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EV1000

CEVUP program: An analytical epidemiological cohort study

P.F. Bazziconi*, C. Lemey, L. Bleton, M. Walter
CHRU de Brest, Pôle de Psychiatrie, Brest, France

* Corresponding author.

Introduction Over the past few years, several teams have built programs to detect patient at clinical high-risk state for psychosis and to develop interventions at an early stage of psychiatric troubles. The aim of this study is to provide an overview of the functioning and the results obtained by the specialized program developed in Brest, France (CEVUP).

Methods We retrospectively analyzed the medical records of patients addressed to the CEVUP between June 2010 and April 2014. Data were double collected by two different investigators and we tested the inter-raters reliability. We included 49 help-seeking patients, aged from 15 to 30 years old, addressed by psychiatrists and general practitioners. The initial evaluation included a clinical evaluation, CAARMS scale, Rorschach test and neurocognitive tests. Subjects were classified in two groups: not at risk for developing psychosis (NA) or at risk for developing psychosis (AR).

Results The main results at initial evaluation showed that 16 (32.7%) patients were AR and 33 (67.3%) NA. Among AR patients, 8 (24%) developed psychosis in two years against 2 (12.5%) for NA patients. These patients have psychiatric comorbidities, essentially depression or anxiety. Secondly, there are more disturbances of psychomotor and affective development in subjects AR: 14 (41.1%) against 7 (20.5%) in group NA.

Conclusion The present study describes the procedures and the main results established by a specialized program for patient at high risk to develop psychosis. The characteristics of the sample remain consistent with descriptions of such populations worldwide.

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EV1001

Relationship between values of the health care and cognitive beliefs about body, illness and treatment: Is there “hypochondriac discourse” in the society?

M. Kovyazina^{1,*}, E. Rasskazova², A. Tkhostov¹, N. Varako¹

¹ Lomonosov Moscow State University, Department of Psychology, Moscow, Russia

² Lomonosov Moscow State University and Mental Health Research Center laboratory of Medical Psychology, Department of Psychology, Moscow, Russia

* Corresponding author.

Introduction Social values of health and health care are considered as important factors of health behavior as well as sources of self-regulation in health and illness. However, emphasize on medicine, health and body that is widespread in mass media nowadays may increase hypochondriac-like beliefs and behavior as well as the risk for unexplained somatic symptoms in some individuals.

Objectives Analysis of mass media revealed four models of health care value: health as a depletable resource requiring conservation, health as fragile value requiring protection and control, health as a necessary source of success and happiness, health as requiring periodic restoration by alternative medicine.

Aim was to investigate the relationship between these models and beliefs about body, illness and treatment.

Methods One hundred and thirteen adults without history of mental or severe somatic illnesses filled checklist of values of health care, Cognitive Attitudes about Body And Health Scale (Rief et al., 1998), Compliance-related Self-Efficacy Scale (Tkhostov and Rasskazova, 2012).

Results The models of health as a depletable resource and as fragile value are dominated in the sample. Agreement with these models of health care is, on the one hand, related to willingness to seek medical help and follow treatment, but, on the other hand, to an excessive attention to bodily sensations, somatosensory amplification, monitoring and catastrophization about bodily sensations.

Conclusions Possible pathways linking “hypochondriac discourse” in the society in its various forms and cognitive beliefs typical for hypochondria and somatoform disorders will be discussed. Research supported by Russian Foundation for fundamental research, project 17-06-00849.

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EV1002

Assessment the probability of formation burnout syndrome among health care workers

S. Kuzmina*, K. Yakhin, Z. Berkheeva

Kazan State Medical University, Psychiatry, Kazan, Russia

* Corresponding author.

Aim Study of psychosocial risk factors in the formation of burnout syndrome.

Material and method Based on a questionnaire developed by WHO experts for the European model of “health management, environment and security in the workplace”, conducted surveys 246 health care workers. Individual attention was paid to health, physical activity and nutrition.

Results Survey conducted of the medical personnel showed high prevalence among them psychophysical, social and psychological, behavioral symptoms that allows to think of high probability of formation of a syndrome of professional burning out. Part of medical workers who have one complaint in each group of symptoms (psychophysiological, sociological-psychological, behavioral) – 18,7%. Part of HCW with two and more complaints in each group – 39% (Table 1). Prevalence of psychophysiological, sociological and psychological, behavioral symptoms among health care emergency workers is different (Table 2).

Table 1

	City n = 78 (%)	Countryside n = 168 (%)	Chi ²	P	Total n = 246
Complaint in each group of symptoms	16 (20.5)	30 (17.9)	0.01	0.963	36 (18.7)
Two complaints in each group of symptoms	32 (41.0)	64 (38.1)	0.01	0.982	96 (39.0)
Three complaints in each group of symptoms	18 (23.1)	26 (15.5)	0.4	0.549	44 (17.9)

Table 2

	City n = 70 (%)	Countryside n = 150 (%)	Chi ²	P	Total n = 220
Two and more of psychophysiological spts	26 (37.1)	12 (8)	7.8	0.005	38 (17.3)
Two and more of sociological and psychological spts	8 (11.4)	24 (16)	0.1	0.793	32 (14.5)
Two and more of behavioral spts	10 (14.3)	10 (6.7)	0.7	0.414	20 (9.1)

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EV1003

Prevention of specific learning disorders in early stages

I.R. Lupu^{1,*}, V. Lupu²

¹ Emergency Clinical Hospital for Children, Center of Mental Health, Cluj Napoca, Romania

² "Iuliu Hatieganu" University of Medicine and Pharmacy,

Department of Psychiatry and Pedopsychiatry, Cluj Napoca, Romania

* Corresponding author.

Introduction Specific learning disorders as defined in the DSM-5 are frequently diagnosed among children – 4–9% for reading deficits – (DSM-5, 2013). As any deficit can contribute not only to a child's emotional distress, it can also result in academic failure or school abandonment. Therefore, prevention measures should be considered.

Objectives The present study's objective was to compare the influence of a set of primary prevention measures on children's performance in reading and writing and improve their reading and writing.

Aims We aimed to prevent specific learning disorders–dyslexia and dysgraphia in children from the second to their third year in the educational system.

Methods Only children from the second year of school were considered (grade 1). Children with clear potential for developing specific learning disorders were included in the present study. Children with any other comorbidity were excluded from the data analysis. Four experimental groups were considered – one control and three interventional – 1. Control, 2. COPS method, 3. Meixner principles, and 4. COPS method combined with Meixner principles and considering improvement of reading images, image filling, graphical schema orientation and discrimination, spatial and temporal orientation, orientation of objects, fine motor skills, temporal sequences, attention for details, perception of differences.

Results Findings indicated that the use of the combined methods significantly improved children's performance in reading and writing. Though all interventional methods improved children's performance. Results comparison was computed.

Conclusions Early prevention programs which target both reading and writing can improve children's performance in reading and writing.

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EV1004

The use of vitamin D3 sublingual tablets versus oral drops in the treatment of patients with COMT Val/Val genotype and major depressive disorder

A.W. Mech

Mech Healthcare Associates, MechMatrix, University of Texas at Arlington, USA

Introduction Vitamin D has been shown to be crucial in the regulation of dopamine and its relationship to major depressive disorder.

A five-year pre-interventional study of 25 hydroxy vitamin D levels in patients with major depressive disorder found values ranging from 17 to 32 ng/mL.

COMT Val/Val genotype has been associated with a 20–40% more rapid breakdown of dopamine in the prefrontal cortex as compared to individuals with a Val/Met genotype.

Methods This retrospective study gathered data concerning outcome measurements in patients who displayed a baseline 25-OH level < 30 mg/mL and initially treated with sublingual tablet form of 10,000 IU vitamin D3. These data were compared to post interventional depression outcome scores for patients switched to oral vitamin D3 drops at a dose of 10,000 IUs.

Results Scores on the MADRS 1–3 weeks following the vitamin D3 switch showed an improvement in mood with the lowering of scores on the MADRS.

Conclusions Patients with a COMT genotype of Val/Val showed clinical improvement with a switch from oral D3 sublingual tablets to oral D3 drops. Further studies are needed to draw from conclusions. Pre- and post-25-OH vitamin D levels and other dopamine synthesis variables including serum ferritin would be useful as well as prospective double-blind placebo controlled trials. The future use of genotype-specific and supportive approaches deserves serious investigation.

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EV1005

Ultra-high risk psychosis. A case report

G. Pardo de Santayana^{1,*}, R. Landera¹, M. Juncal¹, O. Porta¹, M. Gómez², N. Núñez², L. Sánchez¹

¹ Hospital Universitario Marques De Valdecilla, Psychiatry, Santander, Spain

² Hospital Universitario Alava-sede Santiago, Psychiatry, Vitoria-gasteiz, Spain

* Corresponding author.

Introduction There is much debate on whether patients who are at high risk of developing a psychotic disorder in the near future (such as patients suffering of attenuated psychotic symptoms, brief limited intermittent psychotic symptoms or personality trait vulnerability) should be treated with antipsychotic drugs to prevent possible psychotic breaks from happening.

Aim To review articles from the existing medical literature about treatment of patients in ultra-high risk of developing psychosis.