schizophrenic psychosis (12.6%), schizophrenia (9.1%), and other diagnosis (6.8%).

Conclusions The formulation of the dual diagnosis provided a better approach of the patients on the part of the team, promoting the strengthening of the therapeutic bond and causing positive impact on the evolution of these disorders.

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

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EW0596

Comorbid depressive symptoms in persistent delusional disorder: A retrospective study from India

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Background Previous studies have reported depressive symptoms in patients with persistent delusional disorder (PDD). Patients with PDD and depression may need antidepressants for treatment.
Aim The aim of the study was to compare the sociodemographic profile, clinical presentation and treatment response in patients with PDD with and without comorbid depressive symptoms.
Methods We conducted a retrospective chart review of patients diagnosed with PDD (ICD-10) from 2000 to 2014 ($n = 455$). We divided the patients into PDD + depression ($n = 187$) and PDD only ($n = 268$) for analysis.
Results Of the 187 patients with PDD + D, only eighteen (3.9%) were diagnosed with syndromal depression. There were no significant differences in sociodemographic profile including sex, marital and socioeconomic status (all $P > 0.05$). PDD + D group had a significantly younger age at onset ([PDD + D: 30.6 9.2 years vs. PDD: 33.5 11.1 years]; $t = 2.9$, $P < 0.05$). There was no significant difference between the clinical presentation including mode of onset, the main theme of their delusion and secondary delusions (all $P > 0.3$). However, comorbid substance dependence was significantly higher in patients with PDD only. ($\chi^2 = 5.3$, $P = 0.02$). In terms of treatment, response to antipsychotics was also comparable ([> 75% response: PDD + D = 77/142 vs. PDD = 106/179); $\chi^2 = 1.9$, $P = 0.3$). There was a significant difference between the two groups in terms of antidepressant treatment ([PDD + D = 32/187; 17% vs PDD: 17/268; 6%), $\chi^2 = 12.9$, $P = 0.001$).
Discussion Patients with PDD + D had significantly earlier onset of illness. These patients may require antidepressants for treatment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0597

Association between Internet addiction and depression in medical students, faculty of medicine in Thailand

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Introduction Internet addiction has become a harmful behavioral problem found to be highly prevalent in high school and college students. Many studies demonstrated significantly association between Internet addiction and depression.

Aims To study the prevalence of Internet addiction and the association between internet addiction and depression in medical students, faculty of medicine, Ramathibodi hospital.
Methods A cross-sectional study was conducted. Participants were the first to fifth-year medical students who agreed to participate in this study. Demographic characteristics were derived from self-rated questionnaire and were analyzed by descriptive statistics. Thai version of Young's Internet Addiction Diagnostic Questionnaire and Thai version of Patient Health Questionnaire (PHQ-9) were used to assess internet addiction and depression, then Chi^2 test and logistic regression were used to analyze the associations between internet addiction, depression and associated factors.
Results From 705 participants, 24.5% had internet addiction and 29.0% had depression. There was statistically significant association between Internet addiction and depression (odd ratio: 1.92; 95% confidence interval [CI]: 1.34–2.77, P-value < 0.000). Logistic regression analysis illustrated that the Internet addiction group had risk of depression 1.58 times higher than the group without Internet addiction (95% CI: 1.04-2.38; P-value < 0.031). Academic problem was found to be a significant predictor of both Internet addiction and depression. Furthermore, Internet addiction, relationship problems with friend and lover, and health problem were also significant predictors of depression.
Conclusions Internet addiction was common psychiatric problem which associated with depression among medical students. We suggest that surveillance of Internet addiction should be considered in medical schools.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EW0598

The cannabis profile: A high-risk subtype

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Introduction The first phase following the diagnosis of a first psychotic episode (FEP), is crucial to determine clinical and functional long-term outcome. Cannabis exerts a mediating action on the debut of the disease and determines a poor prognosis.
Objectives The description of a specific population profile of increased vulnerability to maintain cannabis use after a FEP could help to identify this high risk subtype of patients and speed up the implementation of specific interventions.
Materials and methods One hundred and seventy-eight patients were recruited from PAFIP (early intervention program on FEP), obtaining detailed socio-demographic assessment. They were followed-up for a year during which cannabis consumption was assessed by Drake scale every three months. We divided the sample into two groups:
– those patients who neither smoked cannabis before the FEP nor during follow-up period (nn);
– consumers group: cannabis users before the FEP who kept on smoking during the follow-up period (ss) and those who smoked before the FEP and gave up consumption during follow-up (sn).