D. Piacentino [1,2,*], G. Giupponi [2], I. Maniscalco [2], S. Holzer [3],
M. Pompili [1], P. Girardi [1], A. Conca [2,4]
[1] *Nesmos department (neurosciences, mental health, and sensory organs), Sapienza university of Rome, school of medicine and psychology, Sant'Andrea hospital, Rome, Italy*
[2] *Psychiatric department, San Maurizio hospital, sanitary agency of South Tyrol, Bolzano, Italy*
[3] *Specialistic outpatient service for ADHD in adults, sanitary agency of South Tyrol, Bolzano, Italy*
[4] *Provincial service of developmental psychiatry and psychotherapy, sanitary agency of South Tyrol, Bolzano, Italy*
* *Corresponding author at: Corresponding author.*

Introduction   Attention deficit/hyperactivity disorder (ADHD) affects 5–6% of adults. Methylphenidate challenge is used to test functions such as concentration. Therapeutic drug monitoring (TDM) identifies optimal drug ranges in plasma.
Objectives/Aims   We aimed to: assess the clinical impact of the drug challenge in adults with ADHD; analyze the relationship with the drug plasma levels after the challenge; identify predictors of the challenge's clinical impact.
Methods   In 2015–2016, we recruited 45 consecutive adult DSM-5 ADHD outpatients (mean age $\pm$ SD = 35.3 $\pm$ 2.1 years; females = 64.4%) at the Bolzano hospital department of psychiatry. Before and after administration of methylphenidate 10 mg, we measured concentration, impulsivity, tension, and general well-being with a VAS and an interview. After two hours, TDM was performed. Deltas were calculated for pre-/post-challenge measures. Correlations were measured with Pearson's r/point-biserial coefficient. A generalized linear mixed model estimated the size of association between tension/general well-being improvement and patient characteristics.
Results   After the challenge, the mean improvement $\pm$ SD was 24 $\pm$ 22 for concentration, 17 $\pm$ 23 for impulsivity, 21 $\pm$ 28 for tension, 16 $\pm$ 24 for general well-being. The mean TDM $\pm$ SD was 4.6 $\pm$ 0.5 ng/mL. A negative correlation between TDM, tension ($P = 0.009$), and general well-being ($P = 0.028$) after the challenge emerged: higher drug plasma levels relate to less tension and greater general well-being. At the GLMM the main predictor for tension/general well-being improvement was psychopharmacological treatment ($P = 0.011/P = 0.05$, respectively). Older age and difficult tasks prevented improvement.
Conclusions   Methylphenidate challenge had a positive effect on all patients' performance. TDM values were lower than literature ones, although the latter are usually obtained after the administration of methylphenidate 20 mg.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

EW0665

Sensitivity and specificity of the Italian version of the bipolar spectrum diagnostic scale. Different scores in distinct populations with unipolar depression

D. Piacentino [1,2,*], P. Girardi [3], K.G.D. Md [3,4], L. Sanna [2],
I. Pacchiarotti [3], D.P. Rossi [1,4], N. Girardi [5], S. Rizzato [1],
G. Callovini [1], G. Sani [1], G. Manfredi [1], R. Brugnoli [1], M. Pompili [1],
R. Pies [6], S.N. Ghaemi [7], L. Mazzarini [1]
[1] *NESMOS department (neurosciences, mental health, and sensory organs), Sapienza university of Rome, school of medicine and psychology, Sant'Andrea hospital, Rome, Italy*
[2] *Psychiatric division, San Maurizio hospital, sanitary agency of South Tyrol, Bolzano, Italy*
[3] *Bipolar disorders programme, institute of clinical neuroscience, hospital Clinic, university of Barcelona, Idibaps, Cibersam, Barcelona, España*
[4] *Neurobehavioral clinical research section, social and behavioral research branch, National human genome research institute (NHGRI), National institutes of health (NIH), 20892 Bethesda, Maryland, USA*
[5] *Department of neurology and psychiatry, Sapienza–university of Roma, policlinico umberto I, Rome, Italy*
[6] *Department of psychiatry, SUNY upstate medical university, Syracuse, NY, USA*
[7] *Mood disorder program and psychopharmacology consultation clinic, Tufts medical center, Tufts university school of medicine, Boston, MA, USA*
* *Corresponding author.*

Introduction   To date, the proposition of recurrence as a subclinical bipolar disorder feature has not received adequate testing.
Objectives/Aims   We used the Italian version of the bipolar spectrum diagnostic scale (BSDS), a self-rated questionnaire of bipolar risk, in a sample of patients with mood disorders to test its specificity and sensitivity in identifying cases and discriminating between high risk for bipolar disorder major depressive patients (HRU) and low risk (LRU) adopting as a high recurrence cut-off five or more lifetime major depressive episodes.
Methods   We included 115 patients with DSM-5 bipolar disorder (69 type I, 41 type II, and 5 NOS) and 58 with major depressive disorder (29 HRU and 29 LRU, based on the recurrence criterion). Patients filled-out the Italian version of the BSDS, which is currently undergoing a validation process.
Results   The BSDS, adopting a threshold of 14, had 84% sensitivity and 76% specificity. HRU, as predicted, scored on the BSDS intermediate between LRU and bipolar disorder. Clinical characteristics of HRU were more similar to bipolar disorder than to LRU; HRU, like bipolar disorder patients, had more lifetime hospitalizations, higher suicidal ideation and attempt numbers, and higher rates of family history of suicide.
Conclusions   The BSDS showed satisfactory sensitivity and sensitivity. Splitting the unipolar sample into HRU and LRU, on the basis of the at least 5 lifetime major depressive episodes criterion, yielded distinct unipolar subpopulations that differ on outcome measures and BSDS scores.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

EW0666

Aggression and violence towards healthcare workers in a psychiatric service in Italy. A retrospective questionnaire-based survey

D. Piacentino [*,a,b], S. Moser [a], S. Tosato [c], C. Bonetto [c], A. Conca [a,d],
J.V. Bizzarri [a]
[a] *Psychiatric department, San Maurizio hospital, sanitary agency of South Tyrol, Bolzano, Italy*
[b] *NESMOS department (neurosciences, mental health, and sensory organs), Sapienza university of Rome, school of medicine and psychology, Sant'Andrea hospital, Rome, Italy*
[c] *Department of public health and community medicine, section of psychiatry, university of Verona, Verona, Italy*
[d] *Provincial service of developmental psychiatry and psychotherapy, sanitary agency of South Tyrol, Bolzano, Italy*
* *Corresponding author.*

Introduction   Violence at work is a major concern in healthcare services. Prevention programs have been implemented, albeit being scarce in Italy.
Objectives or Aims   The Bolzano psychiatric department adopted a de-escalation model developed by the Institut-für-Professionelles-Deeskalations-Management (ProDeMa®). It includes evaluation, prevention, and practical training aimed at preventing/reducing patients' aggressive behavior toward healthcare workers.

Methods In 2015, health professionals were interviewed by using a ProDeMa[®] 11-item questionnaire that assessed the type and frequency of endured patients' aggressive behavior, as well as the conditions capable of producing or preventing it. One-way ANOVA with Tukey post-hoc test was used for comparisons.

Results A total of 165/211 (78%) surveyed workers (mean age $\pm$ DE = 44.9 $\pm$ 7.7; females = 64.6%) completed the questionnaire, of whom 21% employed at the inpatients unit (INP), 37% at the outpatients unit (OUTP), 42% at the rehabilitation facility (REHAB). The one-year number of verbal aggressions (VA) was 9766, with INP (mean $\pm$ SD = 15.2 $\pm$ 29.6) vs. OUTP (mean $\pm$ SD = 6.2 $\pm$ 30.6) vs. REHAB (mean $\pm$ SD = 8.4 $\pm$ 26.1). The one-year number of physical aggressions (PA) was 1502, with INP (mean $\pm$ SD = 3.3 $\pm$ 12.2) vs. OUTP (mean $\pm$ SD = 0.1 $\pm$ 0.5) vs. REHAB (mean $\pm$ SD = 0.1 $\pm$ 0.7). The one-year number of injuries (IN) was 200, with INP (mean $\pm$ SD = 0.5 $\pm$ 1.9) vs. OUTP (mean $\pm$ SD = 0.1 $\pm$ 0.5) vs. REHAB (mean $\pm$ SD = 0.1 $\pm$ 0.2). ANOVA showed significant differences in terms of mean verbal/physical aggression and injuries among the three workplaces (*P*-values = 0.000), with post-hoc Tukey test showing a significant difference of INP vs. REHAB and OUTP. The most frequent risk factors identified by the staff for precipitating aggression included rigid rules (15.1%) and inadequate communication (9.1%).

Conclusions The three types of violence are common in all facilities of our Department.

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EW0667

A crossroad in ADHD – adult-onset ADHD

A. Ponte[*], H. Prata Ribeiro, L. Carvalhão Gil, D. Pereira
Centro hospitalar psiquiátrico de Lisboa, psychiatry, Lisboa, Portugal
[*] *Corresponding author.*

Introduction Attention-deficit/hyperactivity disorder (ADHD) is a common disorder characterized by inattention or hyperactivity–impulsivity, or both. For a long time, ADHD was thought of as a disorder of children which would sometimes persist into adulthood. DSM 5 uses as a criterion that several symptoms have to be present prior to age 12 years.

Objectives To discuss the findings of 3 recent cohorts that show the onset of ADHD in adulthood.

Methods A review of selected articles of interest using PubMed database.

Results 3 large, longitudinal, population studies from Brazil, New Zealand (NZ) and the United Kingdom (UK) show that we are at a crossroads in our understanding of ADHD. In each study, the prevalence of adult-onset ADHD (Brazil, 10.3%; UK, 5.5%; and NZ, 2.7%) was much larger than the prevalence of childhood-onset adult ADHD (UK, 2.6%; Brazil, 1.5%; and NZ, 0.3%). They all propose different conclusions that would result in a paradigmatic shift in ADHD: in Brazil, that child and adult ADHD are "distinct syndromes"; in the UK, "that adult ADHD is more complex than a straightforward continuation of the childhood disorder" and in NZ, that adult ADHD is "not a neurodevelopmental disorder". Faraone et al., in an editorial in *JAMA Psychiatry*, propose that these findings might correlate to subthreshold child ADHD before it emerges as adolescent- or adult-onset ADHD.

Conclusions It's an exciting time in ADHD research. These new data work as an incentive to study adult-onset ADHD and how it emerges. Future research will shape our understanding of adult ADHD.

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EW0668

The Chinese version of the brief assessment of cognition in schizophrenia: Data of a large-scale Mandarin-speaking population

L.J. Wang[1,*], S.T. Hsu[2]
[1] *Kaohsiung Chang Gung memorial hospital, department of child and adolescent psychiatry, Kaohsiung City, Taiwan R.O.C.*
[2] *Kaohsiung municipal Kai-Syuan psychiatric hospital, department of community psychiatry, Kaohsiung City, Taiwan R.O.C.*
[*] *Corresponding author.*

Objective The brief assessment of cognition in schizophrenia (BACS) is a cognitive assessment tool used to measure the broad aspects of cognition that are most frequently impaired in patients with schizophrenia. This study aims to develop the normative data of the Chinese version of the BACS among the Mandarin-speaking population.

Methods This cross-sectional study included 382 healthy participants (age range: 19–79 years; mean age: 48.0 $\pm$ 16.7 years, 47.6% male) in Taiwan, who were evaluated with the BACS. Means and standard deviations of subtests and composite scores were arranged by age group and gender. The Z-scores calculated based on the U.S. norms were compared to our scores based on the norms established in the present study.

Results The raw scores of all the BACS tests (verbal memory, digit sequencing, token motor test, verbal fluency, symbol coding, and Tower of London) were negatively correlated with participants' age. Females were superior to males in verbal memory, but inferior to them in executive function. Furthermore, applying the U.S. norms of the BACS to determine the performance of the Chinese BACS results in bias with regard to verbal memory, token motor test, verbal fluency, symbol coding, Tower of London, and composite score.

Conclusions These findings demonstrate that directly applying Western cognitive norms to a Mandarin-speaking population can cause biased interpretations. The results of the current study can be an important reference for clinical settings and research related to cognitive assessments in Mandarin-speaking Chinese populations.

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

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e-Poster Walk: Mental health care; Mental health policies and migration and mental health of immigrants

EW0669

Dissemination of DBT for borderline personality disorder in Egypt, facts and challenges

A. Abdelkarim[1,*], D. Nagui Rizk[1], A. Ivanoff[2]
[1] *Alexandria faculty of medicine, neuropsychiatry, Alexandria, Egypt*
[2] *Columbia university, school of social work, New York, USA*
[*] *Corresponding author.*

Background DBT proved to be effective in reducing suicidal behavior, non-suicidal self-injury, psychiatric hospitalization, treatment dropout, substance use, anger, and depression and improving social and global functioning in Borderline personality disorder. As a step towards increasing utilization of evidence based treatments in the Egyptian healthcare system, the team at Alexandria university started a comprehensive DBT program.