**EV0191**

## Bipolar disorder and substance use disorders in a Tunisian sample

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*Aims* Describe the sociodemographic and clinical profile of patients suffering from bipolar disorder and substance use disorders comorbidity and assess the consequences of this comorbidity on prognosis and evolution of bipolar disorder,
*Methods* A case-control study, 100 euthymic patients treated for bipolar disorder, recruited in the department of psychiatry C of Razi hospital. Two groups of 50 patients were individualized by the presence or not of substance use disorders comorbidity. The two groups were compared for sociodemographic, clinical, therapeutic and historical characteristics.
*Results* Compared to bipolar patients without addictive comorbidity, those with this comorbidity had the following characteristics: we found more male, less family cohesion, more domestic violence, more criminal records, more time spent abroad, more personality disorders especially antisocial and borderline, fewer triggers of bipolar illness, more mood episodes, more psychotic features, higher impulsivity BIS-10 score, an increased need to put in a neuroleptic long term treatment, poor adherence to treatment, lower response to treatment, lower score of global assessment of functioning (GAF), more rapid cycles, shorter period of remission, longer duration of the last mood episode, poor socio-professional integration and poor quality of intervals between mood episodes.
*Conclusions* It seems important to insist on the identification and the treatment of bipolar disorder or substance use disorders when one of them is diagnosed. This needs to set up urgently facilities and care structures for patients with substance use disorders and to create more addiction consultations.
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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## Bipolar disorder and co-occurring cannabis use disorders

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*Aims* Assess the prevalence of cannabis use disorders (CUD) in patients with bipolar disorder, describe the demographic and clinical profile socio bipolar patients with comorbid addictive and assess the implications of this comorbidity on prognosis and evolution of bipolar disorder.
*Methods* A case-control study, 100 euthymic patients treated for bipolar disorder, recruited in the department of psychiatry C of Razi hospital. Two groups were individualized by the presence or not of cannabis use disorders comorbidity. The two groups were compared for sociodemographic, clinical, therapeutic and historical characteristics.
*Results* The prevalence of CUD was 27.53% ($n = 19$) in our sample. Comparing bipolar patients according to the presence or absence of CUD, we found the following results with patients with CUD comorbidity: younger, mostly male, a disturbed family dynamic, low educational level, poor socio-economic conditions, more time abroad history, more suicide attempts in history, more criminal record, more psychiatric family history, an earlier onset of the disease, a longer duration of undiagnosed bipolar disorder, more personality disorder, more frequent presence of a triggering factor for bipolar disorder, more psychotic features during mood episodes, more need of antipsychotic long-term treatment.
*Conclusions* The frequency of CUD in BD is higher than the prevalence in the general population and CUD is a factor in the evolution and prognosis of bipolar disorder and promotes the development of mood disorders in predisposed patients.
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**EV0193**

## Comparison of insight in bipolar disorder with and without co-morbid substance use disorders

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*Aims* Compare the level of insight in bipolar disorder (BD) with and without substance use disorders (SUD).
*Methods* Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of SUD co-morbidity. We evaluated and compared insight with Birchwood IS scale (with its three sub-scales),
*Results* The mean age was 40.6 years (±16.4). The sex ratio was 2. Sixty-six percent of patients were diagnosed with bipolar disorder type 1 and type 2 bipolar disorder remains.
There is no statistically significant difference between bipolar with and without SUD in terms of quality of insight.
As for the subscales, bipolar patients with comorbid SUD had lower scores of awareness of any symptoms, whereas there was no significant difference regarding the awareness of illness and the need for treatment between the two populations.
*Conclusions* Co-morbid SUD can affect the quality of insight in individuals with BD. Patients with this co-morbidity should be targeted for intensive psycho-educational measures and psychotherapeutic interventions focused on the improvement of insight.
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**EV0194**

## Attempted suicide in people with co-occurring bipolar and substance use disorders

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Aims Study the impact of SUD co-morbidity on suicide risk in patients with BD.
*Methods* Case-control study during a period of six months from July 2015 to December 2015. One hundred euthymic patients with BD (type I, II or unspecified) were recruited in the department of psychiatry C Razi Hospital, during their follow-up. Two groups were individualized by the presence or not of a SUD co-morbidity.
*Results* The average age of patients with SUD was 44.02 years that of the patients without SUD was 44.12 years.
The sex ratio of patients with SUD was 5.25 and that of patients without SUD were 0.61.
Twenty-six percent of patients with SUD comorbidity had a history of suicide attempts. Fourteen percent of patients without SUD had a history of suicide attempts.
The association between SUD and history of suicide attempts was not significant ($P = 0.134$).

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The average suicide attempts were 3.08 for patients with addictive behaviors and 2.00 for patients without SUD.
The association between SUD and the number of suicide attempts was not significant ($P = 0.375$).
The means of suicide attempts used were drugs in 12% of cases, 3% of cases by phlebotomy, 3% of cases by hanging, 3% of cases immolation, 2% of cases of organophosphate ingestion, 3% of cases by defenestration, 3% of cases by the precipitation front of a vehicle and 1% of cases by drowning.
*Conclusions* Co-morbid SUD in individuals with BD is significantly associated with suicide attempts. Individuals with this co-morbidity should be targeted for intensive suicide prevention efforts.
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**EV0195**

## Intellectual developmental disorders, autism, and schizophrenia spectrum: New boundaries in the neurodevelopmental perspective

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*Background and aim* Recent evidences of clinical overlap, familial co-aggregation, and shared genetic alterations support a neurodevelopmental deviation to represent a probable common vulnerability factor not only for the psychiatric disorders included in the meta-structure of neurodevelopmental disorders, but also for other major psychiatric disorders, including schizophrenia.
The present paper reviews the literature to identify (1) positive and negative implications of the increasing enlargement of the group of neurodevelopmental disorders and (2) most useful clinical aspect for re-defining diagnostic boundaries between syndromic groups.
*Methods* The search purpose was reached through a systematic mapping of literature.
*Results* The last years' trend to increasingly enlarge the number of psychiatric features comprised in the autism spectrum should be better evaluated for potential negative impact on research and clinical resources for those autistic syndromes more reliable with Kanner's descriptions or associated with lower personal functioning profiles and different level of ID.
Crucial clinical aspects for the differentiation resulted to be age of onset, interest towards others, main positive symptoms, and anatomical anomalies of the central nervous system.
*Conclusions* While on one hand the neurodevelopmental perspective might contribute to a better understanding of the multifactorial aetiopathogenetic mechanisms underlying many psychiatric disorders and provide new intervention strategies, on the other hand it might determine a premature abandonment of the traditional nosology and the appearance of very broad spectrum conditions covering all the range of current psychopathology.
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## One-year changes in psychiatric disorders following bariatric surgery

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*Introduction* Psychiatric disorders in obese patients range from 20% to 60%, with a lifetime prevalence as high as 70%. Bariatric surgery (BS) is an effective therapy for long-term weight control and ameliorates comorbidities. After BS, psychiatric outcomes are still a matter of controversy. Moreover, while psychosocial pre-surgical evaluation is mandatory, post-operatively psychiatric follow-up programs are lacking. Aim of this prospective study was to examine changes in psychiatric symptoms and weight over 1 year of follow-up among a population of individuals submitted to BS.
*Methods* One hundred forty eight participants were enrolled, 98 women and 50 men; mean age was 46 (SD = 10.7), and mean BMI was 46 (SD = 7.7). Clinical interview and self-report instruments were administered before and one year after BS. Depressive symptoms were measured using Beck Depression Inventory (BDI), Binge Eating Disorder was measured using Binge Eating Scale (BES).
*Results* One year after surgery 86% of patients achieved a percentage excess weight loss (%EWL) $\geq$40%. Rate of psychiatric comorbidities declined from 41% at pre-surgery to 12% at 1 year post-surgery, $P = 0.01$. BDI mean score declined from 12 to 8, $P > 0.000$. After BS, binge eating, depressive symptoms, and age were independent and significant predictors of %EWL ($F6,523 = 79.599$, $P < 0.0001$, adjR2 = 0.471).
*Conclusions* We reported an improvement of psychiatric symptoms through 1 year after BS. Post surgical binge eating disorder and depression were associated with less weight loss after surgery, adding to the literature suggesting that psychiatric disorder after surgery, unlike pre-surgery, are related to suboptimal weight loss.
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## Improving dual diagnosis care in acute psychiatric inpatient settings through education

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*Background* Patients with co-existing substance use and mental disorder (dual diagnosis) have complex and challenging care needs. Acute psychiatric care settings play a vital role in providing services for patients with dual diagnosis as they often do not voluntarily seek treatment. This is significant in that recent data reveals that 57% of the psychiatric inpatients at an inner city hospital in Vancouver, Canada are characterized as dual diagnosis.
*Purpose* To develop an educational module which will equip nurses/practitioners with the skills and knowledge required to deliver evidence-based dual diagnosis care in acute psychiatric settings.
*Methods* A survey of 74 nurses working in acute psychiatric settings was completed to identify their learning needs and challenges. This was followed by a comprehensive review of evidence from literature to identify competencies, knowledge and skills needed to deliver dual diagnosis care. Content for the educational module was then validated by a panel of leading international experts on dual diagnosis. Two focus groups of acute psychiatric nurses were then