

ous public health problem and a major challenge to treatment providers.

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0029

Clinical outcomes of the first 2 years of implementation of the integrated care pathway for concurrent major depressive disorder and alcohol use disorder

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Background Both major depressive disorder (MDD) and alcohol use disorder are highly prevalent, often comorbid and cause significant socioeconomic burden. At CAMH, we have developed and integrated care pathway (ICP) to treat these disorders and evaluated its effectiveness in comparison to treatment as usual (TAU).

Methods Chart review; descriptive statistics, χ^2 and t -tests, linear mixed effects models, Kaplan–Meier and log-rank analyses.

Results Overall, 81 patients were enrolled into ICP. Comparisons of treatment retention rates between ICP patients and matched historical controls ($n=81$) showed significantly lower dropout rate in ICP cohort (18.5% vs. 69.1%, $P<0.001$, Fig. 1). The ICP patients demonstrated significant reduction in depressive symptoms severity (QIDS: 14.6 vs. 10.0, $P<0.001$; BDI 26.3 vs. 16.2, $P<0.001$), reduction in the amount of alcohol consumed weekly from 44.6 standard drinks at baseline to 12.6 ($P<0.001$) by the end of treatment, which was significantly better compared to controls (56.9 vs. 25.2, $P<0.001$), $P=0.014$ (Fig. 2).

Conclusions The ICP is a feasible approach to treatment of concurrent AUD and MDD with significantly higher retention rates than TAU. Patients demonstrate improvements on several levels including depressive symptoms, and changes in alcohol drinking patterns.

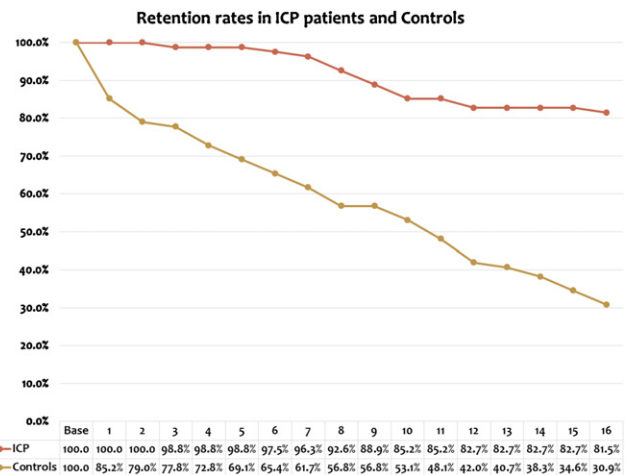


Fig. 1

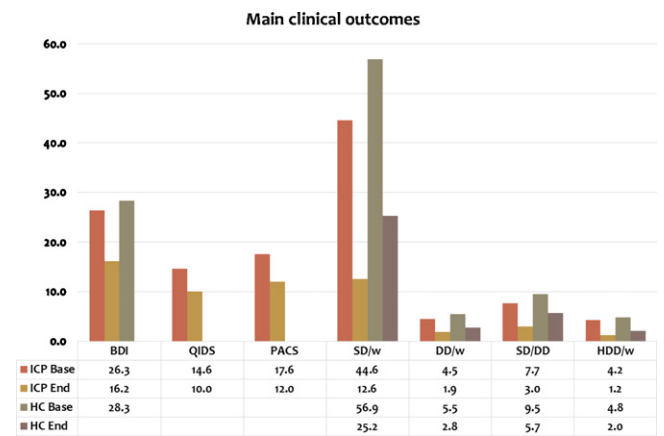


Fig. 2

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0030

Party hard: Drug-related fatalities in Ibiza from 2010 to 2016

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Introduction Illicit drug use is well known as an important contributor to the global burden of diseases, but the physical and psychopathological risks of recreational drugs misuse are often underestimated and drug-related fatalities in specific settings are under-investigated.

Objectives and methods In the framework of the EU-funded project “EU-Madness”, we collected and analysed all the reports of drug-related fatalities in Ibiza from January 2010 to September 2016, with the aim of characterising the sample, and identifying the involved substances and the nature of deaths associated with their consumption.

Results Overall, 58 drug-related fatalities were registered from 2010 to September 2016 (87.9% males, 12.1% females, mean age 33.16; females were significantly younger than males). Most of the deceased were Britons (36.2%), followed by Spanish (22.4%), Italians (6.9%) and Germans (5.2%). In half the cases, the substance identified in post-mortem analyses was a stimulant; in 24.1% of the sample it was a depressor a prescription drug or more than two substances in 22.4%. Most of the fatalities were due to cardiovascular accidents (62%); 22.4% were deaths by drowning, 12% by fall from heights and 3.4% were due to mechanical asphyxia.

Conclusions According to the results from our sample, stimulants (mainly MDMA and cocaine) are the substances of abuse involved in most drug-caused fatalities. The number of fatalities per year has been steadily increasing, but the growing diffusion of novel psychoactive substances (NPS) does not seem to be a direct cause (although better methods of their analysis in post-mortem samples should be designed).

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0031

Validation of the Italian version of the “abnormal bodily phenomena questionnaire” in a sample of patients with schizophrenia: Preliminary data

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Introduction The abnormal bodily phenomena questionnaire (ABPq) originates from the analysis of clinical files of more than 350 patients with schizophrenia. It consists in a semi-structured interview created to evaluate the subjective anomalies in feelings, sensations, perceptions and cognition in the domain of the lived body.

Objectives The present study is aimed at providing preliminary data for the validation of the Italian version of the ABPq.

Methods The ABPq was translated and adapted into Italian. ABPq scores were correlated to those obtained by the schizophrenia proneness instrument, Adult version–body perception disturbances (SPI-A E, body) that evaluates the same kind of phenomena, in order to examine its convergent validity. Moreover, ABPq was correlated to psychopathological domains assessed by the Positive and Negative Syndrome Scale (PANSS) and by the Brief Negative Symptom Scale (BNSS).

Results The experimental sample included 40 clinically stable patients. Our findings showed a strong correlation between ABPq and SPI-A E, body. An association of ABPq total score with the positive and disorganized dimensions was also observed.

Conclusions Our preliminary data suggest that the Italian version of ABPq has a good convergent validity. The presence of abnormal bodily phenomena resulted to be associated to a greater severity of the disease and therefore it could be hypothesized that they represent an indicator of clinical severity.

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0032

The longitudinal effects of experiential avoidance on depression symptoms in patients with inflammatory bowel disease

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Inflammatory bowel disease (IBD) has been vastly associated with the development of depression and it is thus considered that the mechanisms that underlie this link should be explored. The present study aimed to examine the longitudinal effects of IBD symptoms and a maladaptive emotion regulation process, experiential avoidance (defined as the tendency to attempt to control internal experiences), on depression symptoms. The sample comprised 116 IBD patients of both sexes that completed validated self-report measures on an online platform in three different times (equally spaced 9 months apart) during an 18-month period. Results demonstrated that IBD symptomatology at baseline was linked to experiential avoidance and depressed mood 9 and 18 months later. The level of experiential avoidance at baseline was also correlated with the subsequent experience of depression symptoms, 9 and 18 months later. Results also revealed that, although IBD symptomatology at baseline predicted depressive symptomatology 18 months later ($\beta = 0.24$; $P = 0.008$), when experiential avoidance at baseline was added to this model, this process became the only predictor of the outcome ($\beta = 0.60$; $P < 0.001$; $R^2 = 0.41$). These results corroborate previous literature by indicating that IBD symptomatology may lead to depression symptomatology. Nevertheless, the current study additionally revealed that the engagement in experiential avoidance – that is, in attempts at controlling the frequency, form or intensity of internal experiences – might have a greater role on the determination of patients' depressed mood than the experience of adverse physical symptomatology. Maladaptive forms of emotion regulation in IBD patients should be targeted to prevent depression symptoms.

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0033

Confirmatory factor analyses of the Portuguese version of the Maudsley obsessional-compulsive inventory

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Introduction The Maudsley obsessional-compulsive inventory (MOCI) is a widely used self-report measure of obsessive-compulsive symptoms in clinical and non-clinical populations, both in research and clinical settings. Nogueira et al. confirmed in 2011 that the MOCI Portuguese version has good psychometric properties, having a factorial structure that is in accordance with those reported by other groups.

Aims Based on the previous results of exploratory factor analysis with a Portuguese students sample, the present study aimed to