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EW0728

Comparison of self-stigma and quality of life in depressive disorder and schizophrenia – a cross-sectional study

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Background The views of one's self-stigma and quality of life in patients with schizophrenia and depressive disorders are significant subjective notions, both being proven to affect patient's functioning in life. The objective of this research was to find out the quality of life and self-stigma in connection with demographic factors and compare the two groups of patients in those variables. **Method** In a cross-sectional study, the outpatients with the schizophrenia spectrum disorders and depressive disorders completed the quality of life satisfaction and enjoyment questionnaire, the internalized stigma of mental illness scale and a demographic questionnaire during a routine psychiatric control. Furthermore, both patients and their psychiatrists evaluated the severity of the disorder by clinical global impression-severity scale.

Results The quality of life of patients with depression or schizophrenia spectrum disorders did not significantly differ between the two groups. In both groups, unemployment was perceived to be a significant factor decreasing the quality of life. Self-stigma was detected to be higher in patients with schizophrenia as compared to the depressive patients. A strong correlation was found between the two scales, meaning that those with higher levels of self-stigmatization were less prone to see their life as fulfilling and joyful.

Conclusions The present study shows that the degree of the internalized stigma can be an important aspect linked to the quality of life irrespective of the diagnostic category.

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EW0729

Birth order and psychiatric morbidity

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Objectives: – to determine the frequency of sociodemographic factors (birth order) among subjects attending a psychiatric clinic; – to establish psychiatric diagnosis of subjects; – to bring out dominating frequencies of birth orders of the patient in relation with related diagnosis.

Methodology This cross-sectional study was conducted at outpatient clinic of Liqueate university hospital Hyderabad during 1st January 2012 to 31st January 2012. One hundred consecutive subjects attending a psychiatric OPD with psychiatric symptoms, were assessed for the total siblings, birth order among siblings and their psychiatric diagnosis. The socio-demographic data was recorded through a designed semi-structured proforma, and diagnosis was

established by diagnostic and statistical manual-IV text revised criteria (DSM-IV TR).

Results The age range remained 9–60 years and numbers of siblings were in the range of 1–12 siblings and fourth birth order was found to be dominant in this study to have psychiatric morbidity (38%). While, frequency of first order birth was 18%. Generalized anxiety disorder and depressive (GAD) disorders were dominant diagnosis (55%), while GAD was more in the male gender. **Conclusion** This study shows that psychiatric morbidity was more common in the lower birth order. This study may be carried out at different centers of psychiatry for the better assessment of psychiatric morbidity.

Keywords Sociodemographic; Psychiatric disorders; Birth order

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EW0730

Cultivating the compassionate self against depression: An exploration of processes of change

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Introduction Compassion and self-compassion can be protective factors against mental health difficulties, in particular depression. The cultivation of the compassionate self, associated with a range of practices such as slow and deeper breathing, compassionate voice tones and facial expressions, and compassionate focusing, is central to compassion focused therapy (Gilbert, 2010). However, no study has examined the processes of change that mediate the impact of compassionate self-cultivation practices on depressive symptoms. **Aims** The aim of this study is to investigate the impact of a brief compassionate self training (CST) intervention on depressive symptoms, and explore the psychological processes that mediate the change at post intervention.

Methods Using a longitudinal design, participants (general population and college students) were randomly assigned to one of two conditions: Compassionate self training ($n=56$) and wait-list control ($n=37$). Participants in the CST condition were instructed to practice CST exercises for 15 minutes everyday or in moments of stress during two weeks. Self-report measures of depression, self-criticism, shame and compassion, were completed at pre and post in both conditions.

Results Results showed that, at post-intervention, participants in the CST condition decreased depression, self-criticism and shame, and increased self-compassion and openness to receive compassion from others. Mediation analyses revealed that changes in depression from pre to post intervention were mediated by decreases in self-criticism and shame, and increases in self-compassion and openness to the compassion from others.

Conclusions These findings support the efficacy of compassionate self training components on lessening depressive symptoms and promoting mental health.

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