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Introduction Sleep paralysis (SP) is relatively frequent condition, occurring either at sleep onset or sleep offset. It occurs at least once in a lifetime in 40–50% of normal subjects. During SP, the patient experiences gross motor paralysis, while the sensory system is clear. Hypnagogic and hypnopompic hallucinations are common. This experience might be interpreted as a spiritual phenomenon in several cultures, each one with different interpretations and attributions.

Objective The authors revisit the clinical presentation of sleep paralysis and how this sleep disorder is seen from a cultural perspective.

Aims To describe several cultural interpretations of SP.

Methods A literature review of the theme is shortly surveyed.

Results It is very common during an episode of SP sensing the presence of menacing intruders in one's bedroom. Supernatural accounts of this hallucinated intruder are common across cultures. It has been traditionally labeled "ghost oppression" among the Chinese. In the Abruzzo region (Italy), the supernatural interpretation of the phenomena is called the Pandafeche attack. One study found that nearly half (48%) of the participants from the general Egyptian population believed their SP to be caused by the Jinn, a spirit-like creature. In Southwest Nigeria, Ogun Oru is a traditional explanation for nocturnal neuropsychiatric disturbances. The characteristics of the 'a dead body climbed on top of me' phenomenon suggest that is identical to sleep paralysis and a frequent experience among Mexican adolescents.

Conclusions Depending on the etiological interpretations of SP, which is largely culturally determined, patients react to the event in specific ways.

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EV450

Does depression conciliate in marital adjustment?

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Marriage is one of the principal facets when it comes to interpersonal context of depression. There is evidence supporting bidirectional casual effect between depression and marital satisfaction. However the phenomenon of marital adjustment and its related variable has not been given much attention in the Pakistan. **Objective** To determine the frequency of marital adjustment in patients with depression.

Method Depressed patients, who were aged between 15–65 were included. Patients who had documented co morbid of substance use or any unstable serious general medical condition were excluded. The severity of depression was evaluated by using Urdu validated Hamilton Depression Rating Scale. Marital adjustment is determined by using Urdu validated version of Kansas Marital Satisfaction Scale.

Result Only 8.6% were well adjusted in their marital life, and all were females. The association of marital adjustment and severity of depression and difference in both genders on KANSAS was insignificant. The longer duration of illness was positively interrelated to the marital adjustment with odd ratio of 7.6. Being employed and above 30 years of age were inversely related to marital satisfaction with odd ratio of 6.1 and 5.4 respectively. However, the correlation between other independent variables and marital adjustment were insignificant in both genders.

Conclusion This study confirms the presence of high frequency i.e. 91.4% of marital dissatisfaction in depression in both male and females, irrespective of their severity of depression.

Disclosure of interest The author has not supplied their declaration of competing interest.

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EV451

The impact of traditional healers on the treatment of psychotic patients in Alexandria, Egypt

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Introduction Psychotic symptoms in the Egyptian community have always been mixed up with supernatural phenomena. This makes patients and their families seek help from traditional healers who can abuse them physically, financially and sexually.

Aim The aim of the study was to assess the impact of the traditional healers on the psychotic patients in the Egyptian community.

Objectives To measure the percentage of patients going to traditional healers and how much they pay and for how long.

Methods The study was conducted on a total of 555 psychotic patients. Four hundred and fifty-five psychotic patients from the Mamoura Mental state Hospital and 100 psychotic patients from a private hospital in Alexandria in duration of three months in 2006. A special questionnaire was designed and was run for all patients and their families.

Results A total of 67.4% of male patients consulted healers while 88.4% of the females consulted healers. Only 9.4% of the females who went to the healers were highly educated compared to 19.7% of the male patients. The majority of the patients who improved were illiterate or can only read and write. Lower socioeconomic groups tend to have a higher percentage in consulting healers and a longer duration of staying in treatment with them. Although therapy at the first session tended to be for free, from the second session forward patients pay more than they would pay seeing a psychiatrist.

Conclusions Traditional healers have a negative impact on the psychiatry practice and are sources of patient's abuse in Egypt.

Disclosure of interest The author has not supplied their declaration of competing interest.

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EV452

Stress management versus cognitive restructuring: A randomized clinical study on traumatized refugees

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Background and aim There is a lack of evidence regarding which kind of psychotherapy that is the most effective when treating traumatized refugees. Studies on the effect of psychotherapy among other patient groups with PTSD suggest a good effect using cognitive behavioural therapy (CBT). The competence center for transcultural psychiatry (CTP) has specialized in the treatment of traumatized refugees. The objectives were to study the effect of CBT with a focus on either stress management or cognitive restructuring in a clinical sample of traumatized refugees with PTSD and to identify predictors for the treatment effect.

Methods All patients ($n=143$) referred to CTP from June 2011–March 2012 and fulfilling the inclusion criteria were offered to participate in the study. Participants were offered combined treatment with a psychiatrist (psycho-education and psychopharmacological treatment when needed) and a psychologist (CBT). The