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The H&F-Multidimensional Perfectionism Scale 13 (H&F-MSP13): Construct and convergent validity

M.J. Soares*, A.T. Pereira, A. Araújo, D. Silva, J. Valente, V. Nogueira, C. Roque, A. Macedo

Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction The Hewitt and Flett Multidimensional Perfectionism Scale (H&F-MPS) is one of the most used measures of perfectionism. Their 45-items evaluate self-Oriented (SOP), Self-Precribed (SPP), and Other Oriented (OOP) perfectionism.

Objectives To study the internal consistency and convergent validity of the H&F-MSP13.

Methods One hundred and ninety-two university students (78.1% females), aged 19.74 years (sd = 2.10; range: 17–28) completed the Portuguese versions of H&F-MPS (Soares et al., 2003) and of Frost et al. MPS (F-MPS) (Amaral et al., 2013). Thirteen items were selected from the Portuguese version of the H&F-MPS, based on their loading in the factor (0.60 and over) (Soares et al., 2003).

Results The H&F-MSP13 revealed good internal consistency ($\alpha = 0.816$). The corrected item-total subscale Spearman's correlations were high (from 0.418 to 0.820). The principal component analysis with factors varimax rotation produced three factors, which revealed acceptable/good internal consistency (SOP: explained variance/EV = 35.4%, $\alpha = .900$; SPP: EV = 16.3%, $\alpha = 0.695$; OOP: EV = 10.8%, $\alpha = 0.709$). The correlations between the H&F-MSP13 scores and the matching scores of the H&F-MPS were high (from $r = 0.745$ to $r = 0.945$, all $P < .01$), suggesting that both scales measure similarly the constructs. The H&F-MSP13 and the H&F-MPS total scores demonstrate good convergent validity with the total score of F-MPS, as indicated by the correlations ($r = 0.581/r = 0.636$, respectively). The correlations similarities between the H&F-MSP13 and H&F-MSP dimensions and the F-MPS dimensions and total scores were also considerable.

Conclusions The H&F-MSP13 is a valid instrument to measure perfectionism that reveals convergent validity with the F-MPS, retaining the adequate psychometric properties of the H&F-MPS and its administration is less time consuming.

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

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Impact of psychotic symptoms in functionality and quality of life of major depression patients in maintenance/continuation electroconvulsive therapy (M/C ECT)

A. Tarelho^{1,*}, A. De Arriba Arnau², M. Robles Martínez³, M. Sarachaga Urretavizcaya², V. Soria Tomás², J.M. Menchón Magriñá², N. Salvat Pujol²

¹ Centro Hospitalar de Leiria, EPE, Psychiatry service, Leiria, Portugal

² Bellvitge University Hospital, Psychiatry Department, Barcelona, Spain

³ Hospital Universitario Puerta del Mar, Psychiatry, Cádiz, Spain

* Corresponding author.

Introduction Psychotic depression has a higher rate of disability and relapse than non psychotic depression, however the optimal maintenance treatment after an acute response to either the antidepressant/antipsychotic combination or an ECT course is unclear (Rothschild, 2013). Although ECT is an effective therapy in affective disorders and M/C ECT is used to achieve and maintain patient's sta-

bility (Brown, 2014), very little is known about its implications in functionality or quality of life.

Objectives To study the relation between psychotic symptoms and functionality and quality of life in patients with Major Depressive Disorder (MDD) undergoing M/C ECT.

Methodology Transversal descriptive study of a sample of 17 MDD patients in M/C ECT. Administration of SF-36 (quality of life related to health), FAQ (functionality), Family APGAR, MMSE, GAF, HDRS. Informed consent. Statistical analysis with SPSS18.

Results The mean age of the sample was 72.47 years, 58.8% presented with psychotic symptoms and 41.2% with melancholic symptoms. We only found a statistically significant negative correlation between the Family APGAR and the presence of psychotic symptoms ($U = -2.291$, $P = 0.025$), without other differences in terms of functionality or quality of life.

Conclusions This study supports that there is no implication in the presence of psychotic symptoms regarding functionality or quality of life among the patients undergoing M/C ECT. We emphasize the need for randomized control trials to disentangle the effects of multiple variables on the functionality and quality of life of patients in M/C ECT.

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Are there clinical and care differences in real care intensity among patients in general hospitals suffering from psychiatric comorbidity?

J. Valdes-Stauber^{1,*}, S. Bachthaler²

¹ Zentrum für Psychiatrie Südwürttemberg, Psychosomatic Medicine, Ravensburg, Germany

² Zentrum für Psychiatrie Südwürttemberg Germany, Head Physician, Psychosomatics, Ravensburg, Germany

* Corresponding author.

Background According to literature, about 30–40% of individuals admitted in general hospitals suffer from psychiatric comorbidity. Consultation-liaison services (CLS) cover internationally 1–10% of admissions and are able to improve care quality, treatment adherence and to reduce length of stay.

Objectives To assess possible clinical and care differences between individuals with and without psychiatric comorbidity as well as differences among principal diagnostic groups.

Aims To find out, whether individuals suffering from specific psychiatric diagnoses show a higher degree of care needs held by a CLS.

Method Retrospective, ethical approved full-survey assessment ($n = 2940$) over three years (2012–2014). ICD-10 diagnoses, clinical factors and care variables were considered. Group differences were calculated by means of chi-square and ANOVA as well as Scheffé post-hoc estimation. Associations were conducted by means of multivariate regression as well as logistic regression models.

Results Individuals suffering from psychiatric comorbidity (48% of sample) were seldom primarily oncologic patients (30%), they showed more distress (DT = 6.5), more performance limitations (ECOG = 1.38), and less functionality (GAF = 59.6). They received more contacts by CLS (1.95), more cumulative treatment time (89.7 min), and more psychopharmacological interventions (30.6%). People suffering from recurrent depressive and somatoform disorders received much more contacts and treatment time than other diagnostic groups. Age was negatively associated with care intensity.

Conclusions CLS services are able to offer differentiated psychiatric care depending on diagnoses. Individuals suffering from classical psychiatric disorders received rather treatment as usual, oncologic patients more psychotherapeutic interventions.

Depressive as well as somatoform patients seem to need more time and personal resources.

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

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Psychopathology, temperament and suicide risk in adolescence: The role of early traumatic experience

P. Venturini^{1,*}, F. Fagioli², L. Sapienza¹, T. Boldrini^{2,3}, E. Bonaccorsi², D. Erbuto¹, F. Montebovi¹, P. Girardi¹, M. Pompili¹

¹ Department of Neurosciences, Mental Health and Sensory Functions, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy

² Department of Mental Health, Rome E Health Trust. Adolescents Department Via Plinio 31, Rome, Italy

³ Department of Dynamic and Clinical Psychology. Sapienza University of Rome, Rome, Italy

* Corresponding author.

Introduction Previous researches showed that adolescents are at high risk of suicide. Suicide is a trans-nosographic phenomenon regardless of psychiatric diagnosis. Trauma is an important risk factor for suicide and young help-seeking patients usually refer traumatic experiences, especially during childhood.

Objectives The objective of this study is to assess the relationship between traumatic experience and suicide risk comparing adolescents with suicide risk with adolescents without suicide risk.

Aims To investigate correlations between trauma, psychopathology and suicide risk in a sample of young help-seeking outpatients.

Methods We recruited 99 outpatients aged between 14 and 21 years admitted to department for prevention and early intervention in adolescence of Rome. We administered psychometric instruments exploring suicide risk (SHSS, BHS), prodromal (SIPS/SOPS), affective and anxious symptoms (HAM-A, HAM-D, MRS), child abuse (CTQ) and experiences of depersonalization (CDS).

Results Sample is composed of 31 men and 68 women. A total of 34.3% had mood disorder. A total of 28.3% reported history of emotional neglect, 20.2% emotional abuse, 9.15% sexual abuse, 5.1% physical neglect, 9.1% sexual abuse, 4% physical abuse. More than 30% of patients were at increased suicide risk. Depressive, irritable, anxious and cyclothymic temperament was associated with suicide risk. Patients with suicide risk had higher score at HAM-D ($t_{63} = 2.65$; $P = 0.01$), CDS ($t_{63} = 2.77$; $P = 0.007$), in CTQ ($t_{63} = 3.20$; $P = 0.002$) and BHS ($t_{63} = 3.23$; $P = 0.002$).

Conclusions Adolescents with suicide risk, compared with those without, reported more frequently early traumatic experiences and psychiatric symptoms. Early traumatic experiences constitute a risk factor for both suicide risk and psychiatric symptoms during adolescence.

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Sexual well-being among a cross-national sample of older adults

S. von Humboldt*, I. Leal, A. Monteiro

ISPA-Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Introduction Sexual well-being (SWB) has been an ignored dimension that may contribute to successful aging.

Objectives To analyze SWB in older adults' perspective, to investigate the latent constructs that can work as major determinants in SWB and to examine the potential explanatory mechanisms of a SWB overall model, in an older cross-national sample.

Methods Measures were completed, using a variety of appropriate methods, including demographics and interviews. Complete data were available for 163 older adults aged between 65–97 years ($M = 74.2$; $SD = 4.743$). Data were subjected to content analysis. Representation of the associations and latent constructs were analyzed by a multiple correspondence analysis (MCA).

Results The most prevalent response of the interviewed participants for SWB was 'affection and care' (11.0%). A three-dimension model formed by 'intimacy and well-being', 'care, eroticism and desire', and 'sexual activity and health' was presented as a best-fit solution for German older adults. SWB for Portuguese older adults were explained by a three-factor model: 'intimacy, health and desire', 'affection and well-being' and 'sexual activity'.

Conclusions The outcomes presented in this paper emphasized the need to explore the indicators of SWB among older adults and the under-developed potential of a SWB overall model for the older population.

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What predicts adjustment to aging among older women in breast cancer remission? The influence of subjective well-being, sense of coherence, and socio-demographic, lifestyle and health-related factors

S. von Humboldt*, I. Leal, F. Carneiro

ISPA-Instituto Universitário, William James Research Center, Lisbon, Portugal

* Corresponding author.

Objectives To build a structural model to explore the predictors of adjustment to aging (AtA) reported by older women in breast cancer remission.

Methods Older women in breast cancer remission ($n = 214$) aged between 75 and 94 years participated in this study. A questionnaire to determine socio-demographic (age, income, professional and marital status, education, household, living setting and self-reported spirituality), lifestyle and health-related characteristics (physical activity, leisure, perceived health, recent disease and medication), and measures to assess AtA, sense of coherence and subjective well-being, were employed. Structural equation modeling was used to explore a structural model of the self-reported AtA, encompassing all variables.

Results Preliminary results indicated that self-reported spirituality ($\beta = .397$; $P < .001$), leisure ($\beta = .383$; $P < .001$), physical activity ($\beta = .267$; $P < .001$), perceived health ($\beta = .211$; $P < .001$), marital status ($\beta = .173$; $P < .001$), professional status ($\beta = .156$; $P = .009$), sense of coherence ($\beta = .138$; $P < .001$), and living setting ($\beta = .129$; $P = .007$), predicted AtA. The variables accounted for 79.2% of the variability of AtA.

Conclusion Self-reported spirituality and leisure were the strongest predictors of AtA. Our preliminary findings suggest that health care interventions with older women in breast cancer remission still living in the community may benefit from clearly including predictors of AtA, as these are essential for promoting older women's aging well.

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