

mixed design has been used to test the relation between groups and different sequence of administration.

Results We have found no consistent differences in PID-5 scores using the different types of instruction described above.

Conclusions In our sample, PID-5 seems to reflect strong beliefs of a subject regardless of symptoms' duration and could be reliably used with both types of instruction. The PID-5 represents an appropriate instrument for the assessment of maladaptive PTs.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.512>

EW395

Perfectionism, cognitive emotion regulation and perceived distress/coping

C. Juliana, M.J. Soares*, A.T. Pereira, A. Macedo

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

* Corresponding author.

Introduction Perfectionism and cognitive emotion regulation (CER) mechanisms have been associated with perceived stress/coping, negative affect (NA) and mental problems. Comparatively, the correlates of Positive Affect (PA) have been less studied.

Aim To compare Perfectionism, CER and Perceived distress/coping by groups with different levels of NA/PA.

Methods A total of 344 medical students (68.4% girls) completed the Hewitt & Flett and the Frost Multidimensional Perfectionism Scales (H&F-MPS/F-MPS), the Profile of Mood States, the Perceived Stress Scale, and the Cognitive Emotion Regulation Questionnaire.

Results The subjects with high NA, when compared to those with low NA, showed significant higher levels of Evaluative Concerns (EC), Positive Striving (PStr), of H&F-MPS/F-MPS total and dimensions scores (excluding Organization) of Rumination, Blaming others, Self-blaming, Catastrophizing and Perceived distress (all $P < 0.01$). They also revealed lower levels of Positive reevaluation and planning; Positive refocusing, Putting into perspective and Perceived coping (all $P < 0.01$). The subjects with high and medium levels of PA, when compared to the subjects with low PA, showed significant lower levels of Perceived distress, EC, Socially-Prescribed Perfectionism, Doubts about action, Concerns over Mistakes, (all $P < 0.01$), Self-Oriented Perfectionism, PStr ($P < 0.01$, $P < 0.05$, respectively) and higher levels of Perceived coping, Positive reevaluation and planning, Positive refocusing, Putting into perspective (all $P < 0.01$) and Acceptance ($P < 0.01$, $P < 0.05$, respectively).

Conclusions NA is associated with perfectionism, high maladaptive and low adaptive CER, and also with high Perceived distress/low coping, which might increase the subject's vulnerability to psychopathology. Low perfectionism, high adaptive CER and perceived coping are associated with PA and might be protective factors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.513>

Post-traumatic stress disorder

EW397

Negative emotions and threat perception in narratives from battered women

M. Crespo*, V. Fernández-Lansac, M. Gómez-Gutiérrez, C. Soberón

Complutense University-Psychology School, Clinical Psychology, Madrid, Spain

* Corresponding author.

Introduction Trauma narratives contain a lot of emotion words, in comparison with narratives about other autobiographical memories. Negative emotion's words, as well as words about death (as an indicator of threat perception), have been associated to a worse adjustment after trauma. However, the different kind of negative emotions reported have been rarely explored. Also, in violence victims, the use of words about abuse might indicate threat perception.

Objectives Analyzing the use of negative words and threat perception (death and abuse words) in trauma narratives from 50 battered women, compared with stressful narratives from 50 non-traumatized women, and positive narratives. The relationship between narratives aspects and symptomatology is explored.

Aims Exploring differences in emotions and threat perception related to psychological functioning after trauma.

Methods Battered women were asked to remember the worst violence episode, whereas non-traumatized women narrated their most stressful experience. Both groups remembered also a neutral and a positive episode. LIWC software was used to calculate the percentage of different words used.

Results Anger was the most used negative emotion. Anger and sadness words were more reported in stressful and trauma narratives than in positive ones. There were differences between groups in the use of death and abuse words. Anger and abuse words were associated to anxiety and depression, but not PTSD symptoms. Death words were related to a better functioning.

Conclusions This study evidences the need to explore the role of different negative emotions in the posttraumatic adaptation. Also contextual aspects involved on threat perception must be considered.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.515>

EW398

Gender differences in medical and psychiatric comorbidities in patients with posttraumatic stress disorder

L. Fortuna^{1,*}, Z. Ramos², I. Falgas-Bague³, L. Cellerino³, M. Alegria²

¹ Boston Medical Center, Psychiatry/Child and Adolescent Psychiatry Child and Adolescent Psychiatry, Boston, USA

² Massachusetts General Hospital, Disparities Research Unit, Boston, USA

³ Vall d'Hebrón University Hospital, Department of Psychiatry and Forensic Medicine, Barcelona, Spain

* Corresponding author.

Introduction PTSD is associated with medical and psychiatric comorbidities. Less is known regarding differences in PTSD comorbidities and service use by gender.

Objectives To examine variations in comorbidities for PTSD by gender and implications for quality of care.

Aims We identify the prevalence of PTSD, medical and psychiatric comorbidities diagnosed by gender within outpatient, inpatient and emergency services.

Methods We conducted a retrospective analysis using existing medical records from all outpatient, inpatient and emergency department (ED) encounters in 2010–2012 in a safety net health care system in the US. We identified the rates of PTSD diagnosis by gender, co-occurring diagnoses in ED and inpatient care, and rate of different comorbid diagnoses following initial PTSD diagnosis.

Results Women in the sample had twice the likelihood of having a diagnosis of PTSD as compared to men (1.9% vs. 3.6%, $P > 0.001$), the most common comorbid diagnoses for ED visits were substance use disorder (SUD), depression, anxiety and pain. Men were more likely to have pain as a diagnosis in the ED as compared to women ($P > 0.001$). In inpatient services, men with PTSD were more likely to be diagnosed with a SUD (35% vs. 26%, $P > 0.001$) and women more likely diagnosed with comorbid depression (32% vs. 43%, $P > 0.001$). Men were more likely to have combined medical and substance use disorders and women more likely to have combined medical and psychiatric disorders.

Conclusions Given the different patterns of comorbidity by gender, services should focus on tailoring services early to contend with these differences.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.516>

EW400

Russian–Georgian war crimes and its outcomes

M. Jishkariani

The International Psycho, Rehabilitation Centre for Victims of torture “Empathy”, Treatment and Rehabilitation Department, Tbilisi, Georgia

Introduction Georgia is the Country located in Caucasian Region with two occupied territories: Abkhazia and South Ossetia. Since 1993 as a result of military actions 500,000 civilians became victims of ethnic cleansing. In October 13, 2015 the Prosecutor of the International Criminal Court, requests judges for authorization to open an investigation into the Situation in Georgia that clearly shows importance of the problem addressed by this study.

Objectives of the study includes Observation of outcomes of traumatic stress among three categories of victims: IDPs, population living in the military conflict zone and civilians living in the so called “Buffer Zone”. Aim of the study was to provide comparative analysis between trauma affected different groups.

Methods The clinical and paraclinical methods using the semi-structured clinical interview, psychological test battery and paraclinical diagnostic tests were used, analysis were provided by using the SPSS.

Results Based on observation in 2014–2015 $n = 150$ victims of war crimes were observed. Also additional stressors for all target groups were identified. Differences and similarities of psychological and somatic after effects of trauma revealed.

Conclusions We can conclude that prolonged stress situation with unsecured environment and daily life under unexpected circumstances caused prolongation of PTSD alongside of behavioral changes and with damages in social adaptation. On the other hand completed trauma with leaving of native living areas and significant changes in social life in most of cases caused emotional disturbances with prolonged chronic depression and persistent fillings of grief.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.518>

EW401

Association of pro-inflammatory cytokines with PTSD severity in patients treated with omega-3 supplementation – a pilot study

D. Kalinić^{1,*}, N. Mimica¹, A. Jeroncic², M. Lalovac³, I. Delaš⁴

¹ University of Zagreb School of Medicine, Department of Psychiatry and Psychological Medicine, Zagreb, Croatia

² University of Split School of Medicine, Department of Research in Biomedicine and Health, Split, Croatia

³ Clinical Hospital Merkur, Department of Internal Medicine, Zagreb, Croatia

⁴ University of Zagreb School of Medicine, Department of Chemistry and Biochemistry, Zagreb, Croatia

* Corresponding author.

Introduction Association of pro-inflammatory cytokines with severity of various psychiatric disorders is shown. Evidence suggests omega-3 fatty acids reduce psychiatric symptoms due to anti-inflammatory properties.

Objectives To evaluate if serum levels of pro-inflammatory cytokines correlate with the intensity of PTSD symptoms, and the observed change in symptoms' severity induced by omega-3 supplementation.

Methods We included 26 Croatian Homeland war veterans (aged 39–60) with chronic PTSD and no major comorbidity, who were on stable therapeutic sertraline dose at least three months before recruitment. Levels of pro-inflammatory cytokines (TNF- α , IL-6, and IL-1 β) were determined by the enzyme-linked immunosorbent assay method. Intensity of PTSD symptomatology was assessed by Clinician-Administered PTSD Scale (CAPS), Hamilton Anxiety Scale (HAM-A) and 17-item Hamilton Depression Scale (17-HAM-D). During 12 weeks, participants took omega-3 capsules (600 mg/day) while continuing sertraline therapy.

Results Most participants presented with moderate PTSD evaluated by CAPS. At baseline, cytokine levels were not associated with the severity of PTSD symptoms, as measured by all three scales ($P \geq 0.209$). After 12 weeks of omega-3 supplementation the severity of PTSD symptoms significantly decreased, on average by 8 to 13% on the psychometric scales per person ($P < 0.001$ for all). However, no association was found between the change in cytokine levels and the change in scores, induced by omega-3, on the assessed scales ($P \geq 0.730$).

Summary Cytokine levels are not associated with PTSD severity or with improvement in PTSD symptomatology. At the same time, sertraline therapy supplemented with omega-3 seemed to reduce the severity of PTSD symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.519>

EW402

The “building block” effect of prior trauma for psychological outcome in victims of a natural disaster

B. Kraemer^{1,*}, S. Schumacher², B. Winkel², C. Imboden¹, L. Wittmann³

¹ Psychiatric Services Solothurn, Department of Psychiatry, Solothurn, Switzerland

² University Hospital, Department of Psychiatry, Zurich, Switzerland

³ International Psychoanalytic University, Psychoanalysis, Berlin, Germany

* Corresponding author.

Background With increasing numbers of previous traumatic experiences, a rising risk of psychiatric morbidity and in particular post-traumatic stress disorder following an acute trauma has been reported. This dose-effect relationship was called the building