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**EW475**

### **A six-year longitudinal population-based cohort for the extended psychosis phenotype: An epidemiological study of the gene-environment interactions (TürkSch)**

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**Introduction** Both genetic and environmental factors play a role in the extended psychosis phenotype which covers psychotic experiences, symptoms and disorders.

**Objectives** The respective contributions of genetic and environmental factors over time remain largely unknown.

**Aims** To describe the objectives and design of a multistage study. **Methods** The TürkSch (Izmir mental health survey for gene-environment interaction in psychoses) is a prospective-longitudinal study consisted of several data collection stages to screen extended psychosis phenotype in a general population sample, and to assess individual, familial, genetic and neighbourhood level variables.

**Results** The study aimed to assess the prevalence of psychotic experiences and symptoms in Izmir-Turkey (stage I, cross-sectional; *n*: 4011), the socioeconomic deprivation and the social capital of neighbourhoods in a separate sample (stage II, cross-sectional; *n*: 5124) in 2008. A nested case-control study (stage III) recruited individuals with psychotic outcomes and healthy controls from stage I, and included blood sampling for gene-environment interaction and clinical reappraisal as well. After 6 years, follow-up study (stage IV) was set to assess the mental health outcomes with a focus on extended psychosis phenotype, environmental exposures of the eligible sample (*n*: 2192) from the stage I, and to collect blood samples for further genetic analysis. On both stages, Composite International Diagnostic Interview was used by clinically trained interviewers, and was able to provide broad assessment of psychotic experiences, experience-related disabilities, help-seeking and health care utilization.

**Conclusions** The TürkSch has a unique study design and yields data of high quality in the Turkish population, with a specific focus on psychosis.

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**EW477**

### **Agreement between clinical judgments and subjective perceptions of clinical change**

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**Introduction** Research into the relationship between the subjective perception of clinical change and the objective evidence of the same is very limited. Less is known about the relationship between clinical judgments by mental health experts and the patient's perception of symptom change, in particular across different diagnostic groups.

**Aims and objectives** This study aims to determine the level of concordance between the HONOS as a tool for clinical outcome monitoring and the self-reported change in psychopathology in a total sample of psychiatric patients as well as stratified by their primary diagnosis at admission.

**Methods** A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders, was assessed using the Brief Symptom Inventory (BSI) at admission and at discharge. The HoNOS were rated by the responsible clinicians. Complete data of admission and discharge were available from approximately 600 cases. Reliable change index (RCI) will be calculated to determine a clinically meaningful change based on the HoNOS scores. Concordance of RCI and change in BSI scores will be explored and compared between different diagnostic groups.

**Results and conclusions** According to our preliminary results from this ongoing evaluation program, we hope to provide a step towards a deeper understanding of the interrelationship between clinical judgments and the course of subjectively experienced mental health problems.

**Keywords** Health of the Nation Outcome Scales; Reliable Change Index; Brief Symptom Inventory; Outcome monitoring; Subjective perception

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**EW478**

### **Properties of a coding system for traumatic memories**

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**Introduction** Narrative studies have focused on the language used by the individuals to describe stressful or traumatic experiences. Hence, linguistic procedures have been applied aiming to obtain information about autobiographical memories and trauma processing. However, there is a general lack of agreement about how to measure narrative aspects. Software programs for this purpose are limited, since they don't capture the language context, and systems based on judge's rates are not free of subjective biases.

**Objectives** This study presents a coding system developed to analyze several language categories related to traumatic memories and psychological processes. Structural aspects (e.g., coherence) and content dimensions of traumatic narratives (e.g., emotional or cognitive processes) are measured. Each narrative aspect is coded by raters using both dichotomous (presence/absence) and numerical values (Likert scale).

**Aims** To propose a structured coding system for traumatic narratives that considers the language context and maximizes consensus among different raters.

**Methods** Traumatic narratives from 50 traumatized women and stressful narratives from 50 non-traumatized women have been evaluated according the system developed. Three blind raters coded each narrative.

**Results** Inter-rater reliability data are provided for the different narrative categories. The agreement between raters is discussed for both structural and content language domains.

**Conclusions** The analysis of the inter-rater reliability allows exploring subjective biases in assessing different structural and content language dimensions. This study advances in the development of a procedure to analyze autobiographical narratives in a valid and reliable way, with a special focus on traumatic and other unpleasant memories.

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#### EW479

### Pool-data of clinical cases of inhaled loxapine (Adasuve)

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**Introduction** Agitation is a psychiatric emergency that requires immediate assistance. Inhaled loxapine is a new option for achieving rapid tranquillisation avoiding coercive measures and over-sedation, which fits with patient's preferences and increases their satisfaction with treatment.

**Objective** Review the experience of use of inhaled loxapine in clinical practice.

**Methods** We included data from all reports of case series with 10 or more patients published by European prescribers.

**Results** Ten posters were included that reported data on 116 patients, mostly diagnosed with psychotic or bipolar diseases. Among the 60 patients that were evaluated using PANSS-EC, baseline agitation intensity was above 20 in 45 of them (75%) and between 15 and 32 in 15 (25%). Regarding patients evaluated with the CGI-S scale, 17 patients had a score between 6 and 7 points and 4 had scores between 4 and 5. All patients were able to properly inhale the drug. In some patients agitation receded as early as 2 minutes, and almost all of them were controlled within 10 minutes. Only 6 patients required the 2nd dose of loxapine within 24 hours. When patients were asked for, they showed a preference for inhaled administration instead of intramuscular one, manifested high levels of satisfaction with inhaled treatment, and in one report inhaled loxapine was stated to contribute to avoid mechanical restraint. Inhaled loxapine was well tolerated and no over-sedation was reported or any EPS, just a case of mild orthostatic hypotension.

**Conclusion** This pool-data review of inhaled loxapine in real world clinical practice shows that it is an effective treatment, with a very rapid response, easy to administer and well tolerated, with a good acceptance from patients.

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#### EW480

### Validation of the self-compassion scale in a community sample of Portuguese pregnant women

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**Introduction** In recent years, researchers and clinicians have shown an increasing interest in self-compassion. Indeed, several studies have suggested that self-compassion is a positive factor for mental and physical health. The Self-Compassion Scale (SCS; Neff, 2003) has been widely used to assess six dimensions of self-compassion (self-kindness, self-judgment, common humanity, isolation, mindfulness and over-identification) among diverse populations. Recently, it has also been used in perinatal samples but its psychometric properties in pregnant women is still unexplored.

**Objective** This study aims was to investigate the reliability and the validity of the SCS using Confirmatory Factor Analysis in a sample of Portuguese pregnant women.

**Methods** Participants were 417 pregnant women with a mean age of 33 years old (SD=4.74) in their second trimester of pregnancy (M = 17.26, SD = 4.78, weeks of gestation). Participants completed the Portuguese version of the SCS while waiting for the routine prenatal consultation in Maternity Hospital, Portugal.

**Results** A was tested and results showed that the six-factor model had a good fit to the data (TLI = 0.93, CFI = 0.94, RMSEA = 0.06). The total SCS presented a good internal reliability ( $\alpha = 0.91$ ) and their subscales showed Cronbach's alphas ranging between adequate ( $\alpha = 0.77$ ) and good ( $\alpha = 0.87$ ).

**Conclusions** Overall, these findings suggest that the Portuguese version of the SCS is a valid and reliable measure to assess self-compassion among pregnant women. Thus, SCS could be useful in diverse settings in the perinatal period.

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#### EW481

### Regret Anticipation Failures Scale (RAFS): Validation of the Portuguese version

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**Introduction** Failures in regret anticipation undermine regret avoidance, increasing regret frequency and ultimately the risk of regret-related problems. The Regret Anticipation Failures Scale (RAFS; Schmidt and Linden, 2011) was developed to evaluate interindividual differences in regret anticipation.

**Objective** To investigate the psychometric properties of the RAFS Portuguese version.

**Methods** A community sample composed of 108 university students and 79 employees (78.1% females; mean age = 33.16 ± 13.175; range: 17–62) answered the Portuguese preliminary version of the RAFS. To study the temporal stability, 31 participants (83.9% females; mean age = 26.54 ± 18.761) answered the RAFS again after approximately 6 weeks.

**Results** The RAFS Cronbach alpha was "very good" ( $\alpha = 0.81$ ). All the items presented significant correlations with the total (excluding the item; > 0.20); only item 2 (Even when I'm stressed, I can foresee the regrets that certain behaviors could evoke in me) had the effect of lowering the internal consistency if deleted. The test-retest correlation coefficient was high, positive and significant (0.61;  $P < 0.001$ ); there was not significant difference between test and re-test scores [14.26 ± 5.170 vs. 13.06 ± 4.761,  $t(30) = 1.532$ ,  $P = 0.136$ ]. Following Kaiser and Cattell Scree Plot criteria, only one factor was extracted, meaning that the scale is unidimensional.