

EV1129

### Facets Mindfulness Questionnaire-10 – A shorter Portuguese version to evaluate mindfulness dimensions in pregnant women

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**Introduction** Mindfulness refers to the capacity of being present and aware, without feeling the need to react or judge that experience (Kabat Zinn, 1990). This ability is associated with mental health and stress reduction (Baer, 2014; Teasdale et al., 2014). Five Facet Mindfulness Questionnaire (FFMQ) is widely used to measure mindfulness and its relation to psychopathology (Gregorio and Gouveia, 2011).

**Objective** To analyze the psychometric properties of the Portuguese 15 items FFMQ (Baer; Gregório et al., authors' manuscript) in a Portuguese sample of pregnant women.

**Methods** A total of 427 pregnant women (Mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed the Portuguese version of FFMQ-15.

**Results** The FFMQ-15 Cronbach's alpha was unsatisfactory ( $\alpha = 0.62$ ) and five items presented low ( $< 0.20$ ) correlations and had the effect of increasing Cronbach alpha if removed. Without these items,  $\alpha$  increased to a satisfactory level (0.72) and all the ten items contributed to internal consistency. The factorial analysis of these ten items resulted in a three factors solution, which explained variance (EV) was of 53.9%. Based on items content, the meaningful three factors were denominated as follows: F1 Nonjudging of experience (EV 27.69%;  $\alpha = 0.77$ ), F2 Acting with awareness (18.00%;  $\alpha = 0.77$ ) and F3 Observing and describing (8.21%;  $\alpha = 0.73$ ).

**Conclusions** Although the FFMQ-15 has shown good psychometric properties in other samples, in this sample of pregnant women a 10-items FMQ (Facets of Mindfulness Questionnaire) version performed better, presenting good reliability and validity in evaluating three mindfulness facets.

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

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EV1130

### Rosenzweig picture-frustration test modification for a study of emotion regulation strategies among the patients with stress-induced hypertension

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**Introduction** Emotion regulation (ER) efficiency dwells among the most pressing issues of contemporary psychology and psychiatry. Further development of the methods of reliable assessments for ER makes it the task of current importance.

**Objective** To modify Rosenzweig Picture-Frustration Test for the study of ER in health and in disease.

**Methods** In the initial stage of testing participants had to look through a succession of Rosenzweig's pictures, and select potentially traumatizing situations.

In the second stage they answered the following questions:

- what would you say in this particular situation?
- what would you have in mind, saying this?
- could you think of an answer that would taper down the traumatizing character of the situation in your own perception? (Zinchenko, Pervichko, 2014).

A total of 85 patients with stress-induced hypertension (mean age was 45.9 ± 2.8) and 82 healthy subjects (mean age was 44.9 ± 3.1) took part in the study.

**Results** We came to distinguish among four classes of ER strategies: internal, cognitively non-mediated; internal, cognitively transforming; external, cognitively non-mediated; and external, cognitively transforming (Pervichko, 2015). Hypertensive patients significantly more frequently than healthy subjects reveal wider set of emotionally grave events (19.8% vs 11.2%,  $P < 0.001$ ), they are more prone to rumination, disasterization (19.0% vs 11.1%,  $P < 0.001$ ) and suppression in display of their emotions (31.9% vs 20.2%,  $P < 0.001$ ). The patients will seldom employ the strategy of interactive subject–subject transformations; their capability to actualize new meanings in traumatic situations is diminished.

**Conclusions** Application of the described modification of Rosenzweig Picture-Frustration Test allows to distinguish and classify various ER strategies, and to demonstrate peculiarities in ER related behaviour of hypertensive patients as opposed to healthy subjects.

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

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EV1131

### New methodologies for faster study of new psychoactive substances: A proposal

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**Introduction** New psychoactive substances (NPS) are substances that have recently become available, and are not worldwide regulated. They often intend to mimic the effect of controlled drugs, becoming a public health concern. In 2014, 101 substances were reported for the first time in the EU, which may require to be studied and risk-assessed by the scientific community. The EMCDDA recognizes it as an emerging topic where research is most needed, as the scientific community is struggling to keep pace with the speed at which new substances appear. On the one hand, case reports and internet-based surveys are quickly published but do not provide enough evidence to guide clinical decisions. On the other hand, classical high-reliability methodologies such as Cohort and Clinical studies take too long and their cost is too high to be of much use for the study of NPS. We propose an intermediate methodology to tackle this unmet need.

**Rationale** González and colleagues described a set of highly educated, experimental users of NPS with extensive knowledge and consumption of substances. These users usually look for drug checking of the substances they intend to consume. We suggest we could benefit from the collaboration of such users, and the possibility of obtaining analytical confirmation, to retrieve information about NPS in a quick and reliable fashion.

**Outline of methodology** Recruiting of subjects that submit NPS to a drug checking facility. Analysis of the samples for analytical confir-

mation. Check inclusion criteria and propose inclusion in the study. Give structured forms for reporting effects and adverse events.

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

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## Schizophrenia

### EV1132

#### Self-continuity across time in schizophrenia: An exploration of phenomenological and narrative continuity in the past and future

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Disorders of the self, such as the “loss of continuity” of the self in time, are a core symptom of schizophrenia, but one, which is still poorly understood. In the present study, we investigated two complementary aspects of self-continuity, namely phenomenological and narrative continuity, in 27 patients with schizophrenia, and compared them with 27 control participants. Participants were asked to identify 7 important past events and to narrate a story taken from their life that included these events. They were then asked to imagine 3 important events that might happen in their personal future and to build a narrative of their future life. The memory vividness of these important life-events and the proportion of self-event connections in the narratives were used as a measure of phenomenological and narrative continuity, respectively. Our results showed that the difficulty for patients to construct vivid representations of personally significant events was observed in both temporal directions, past and future. Patients' ability to establish explicit connections between personal events and attributes of self in life narratives was also impaired, but only in the case of past narratives. Our results yield a fresh understanding of the cognitive mechanisms of self-disorders in schizophrenia. The clinical and therapeutic implications of these findings are discussed.

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

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### EV1133

#### Population pharmacokinetic modeling and simulations of dopamine D<sub>2</sub> receptor occupancy of long-acting intramuscular risperidone-ISM

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**Introduction** Risperidone-ISM is a new long-acting intramuscular formulation intended to achieve sustained plasma concentrations over 4 weeks without oral supplementation. The clinical efficacy

to risperidone has been associated with 65–80% occupancy of dopamine D<sub>2</sub> receptor (D<sub>2</sub>RO) and a mean C<sub>max</sub> between 7.5 ng/mL and 80 ng/mL.

**Aim** Use a population PK/PD model to predict the PK and the D<sub>2</sub>RO for Risperidone-ISM in schizophrenic patients and to characterize the relationship among doses, in order to guide dose selection for a future Phase-III trial.

**Methods** A population PK/PD analysis for Risperidone-ISM using Monolix software was conducted based on 6641 plasma samples from two Phase-I studies (17 healthy subjects and 31 schizophrenic subjects, respectively) and 1 Phase-II study (60 schizophrenic subjects). Simulations were subsequently undertaken predicting the steady state PK and D<sub>2</sub>RO after multiple Risperidone-ISM doses administered every 28 days for 12 weeks.

**Results** Doses of 75 and 100 mg, administered either in gluteal or deltoid muscle, were predicted to result in median C<sub>max</sub> and C<sub>trough</sub> that stayed between 7.5 ng/mL and 80 ng/mL. At steady state 75 mg and 100 mg dose (gluteal) achieved a D<sub>2</sub>RO average [min–max] of 70.8% [61.4–80.4] and 74.3% [66.2–82.1], respectively; a 75-mg and 100-mg dose (deltoid) achieved a D<sub>2</sub>RO average [min–max] of 69.3% [56.5–80.3] and 73.0% [61.8–82.1], respectively. The model estimated that the 65% D<sub>2</sub>RO occurs within first 8 h after treatment.

**Conclusions** Simulations were carried out supporting doses of 75 mg and 100 mg Risperidone-ISM to show the greatest efficacy and safety potential to be assessed in the future Phase-III trial.

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

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### EV1134

#### Electroconvulsive treatment in Parkinson's disease and psychosis: A case report

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**Background** Drug induced parkinsonism is a common side effect. **Objective** The present report describes the case of a schizophrenic patient who developed a parkinsonism after receiving antipsychotic drugs and who had improved his schizophrenia and parkinsonism after electroconvulsive therapy.

**Case summary** We report the case of a man, who is 35 years old and was admitted to a psychiatric ward, due to decompensated schizophrenia with psychotic features. The patient developed pronounced parkinsonian features, which did not improve with discontinuation of the drug or with carbidopa/levodopa. After several unsuccessful treatments, the patient was treated with ECT and showed improvement in both diseases.

**Results** The patient's response to this treatment justifies the use of ECT in patients with both syndromes: a psychosis productive and Parkinson's disease. Even the maintenance therapy can establish the initial response achieved and keep it through time. We should keep in mind that the management of these patients, can be extremely difficult because the medications used to both disorders are antagonistic.

**Conclusion** ECT can be considered in patients with a psychiatric illness associated with parkinsonism.

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

**Further readings**

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