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**Background** Psychological distress is considered as a component of the cardiovascular risk. The present study aims to determine which psychophysiological, electrocardiographic and anthropometric factors are correlated with life events, depression and quality of life in healthy adults.

**Method** A total of 114 adults were examined using the Social Readjustment Rating Scale, the EuroQol Group 5-Dimension Self-Report Questionnaire, Beck Depression Inventory – Second Edition, Zung Self-Rating Depression Scale. Physiological measures included heart rate variability, skin conductance level and skin temperature. Anthropometric characteristics included weight, height, hip size, waistline, blood pressure, heart rate at rest and after mental activity, muscle mass, fat stock, percentage of the body fat, segmental distribution of muscle and fat mass, fat-free mass and the water content in the body. Finally, data from electrocardiographic examination included aortic pulse wave velocity, central aortic pressure and augmentation index.

**Results** Life events in last two years correlate with worse quality of life and a higher level of depression. Life events in last two years also correlate with the increase of the risk factors for cardiovascular problems in terms of several anthropometric and physiological measures. Finally, life events in last two years was also related with the overweight.

**Conclusions** Results suggest some possible mechanisms by which stress may exert adverse effects on cardiovascular morbidity and mortality in healthy persons. Primary preventive strategies with the stress management training may prove beneficial.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.399>

## e-Poster Walk: Quality management; rehabilitation and psychoeducation and research methodology

### EW0786

#### Art therapy for patients in acute psychotic episodes

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**Purpose** Evaluate the efficacy of art therapy during acute psychotic episodes.

**Methods** Thirty-six inpatients with ICD-diagnoses of schizophrenia (F20.0–F20.9) age between 20–60 were randomised to either 12 twice-weekly sessions of psychodynamic group art therapy plus treatment as usual or to standard treatment alone. Art therapy was administered in 12 sessions of 90 minutes for 6 weeks. At 12 weeks, 55% of patients randomised to art therapy, and 66% of patients receiving treatment as usual were examined. Scales used: 17 – Item Hamilton Rating Scale for Depression (HRSD) for depression and Scale for the assessment of negative symptoms (SANS).

**Interventions** The approach was non-directive – patients could choose to create whatever they wanted and use any available material. Interventions by the art therapist aimed at supporting the art

process and helping to understand the image. The last 30 minutes of a session were reserved for a shared viewing and reflecting on the images.

**Results** With post-treatment and follow-up scores of SANS and HRSD patients who had received AT had a significantly greater mean reduction of positive and negative and also depressive symptoms at 12-week follow-up than patients treated as usual. Social functioning was significantly higher in the AT group. There were no significant interactions between intervention group and gender.

**Conclusion** Evidence on the efficacy and effectiveness of AT in patients with schizophrenia is far from being conclusive and benefits might be limited to a subgroup of patients. Results of this study suggest AT can be implemented in routine hospital settings for patients experiencing acute psychotic states.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.400>

### EW0787

#### Perseverative Thinking Questionnaire: Confirmatory factor analysis with two different samples

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**Introduction** Perseverative Negative Thinking (PNT) is a transdiagnostic cognitive process [1] characterized by repetitiveness, intrusiveness and difficulties to disengage (Ehring, 2011). The Perseverative Thinking Questionnaire (PTQ-15; [2]) is a self-reported instrument, developed to evaluate these characteristics. The Portuguese version assess two meaningful dimensions – Repetitive thoughts (RT); and Cognitive interference and unproductiveness (CIU) [3].

**Aim** To confirm the bi-dimensional structure of the PTQ-15 using Confirmatory Factor Analysis, in two distinct samples.

**Method** A sample composed of 256 students (Mean age = 20.58 ± 1.870; 78.1% girls) and a sample composed of 480 adults from the community (parents of the students; mean age = 50.84 ± 5.310; 53.1% women) filled the PTQ-15. We used software AMOS.

**Results** The second-order model of PTQ-15 with two dimensions presented good fit, in both students (CMIN = 2.449; RMSEA = 0.075; CFI = 0.958, TLI = 0.949, PGFI = 0.776;  $P < 0.001$ ) and their parents (CMIN = 3.46; RMSEA = 0.072, CFI = 0.955, TLI = 0.942, PGFI = 0.632;  $P < 0.001$ ). Internal consistency of the total scale, measured through Cronbach's alpha was  $\alpha = 0.95/0.94$ ; both factors presented good/excellent reliability: repetitive thoughts ( $\alpha = 0.93/0.92$ ); cognitive interference and unproductiveness ( $\alpha = 0.88/0.92$ ).

**Conclusion** Taken together, both CFAs provided additional evidence that PTQ-15 is an adequate measure for perseverative thinking.

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

**References**

- [1] Ehring T, Watkins ER. Repetitive negative thinking as a transdiagnostic process. *Int J Cogn Ther* 2008;1(3):192–205.
- [2] Ehring T, et al. The Perseverative Thinking Questionnaire (PTQ): validation of a content-independent measure of repetitive negative thinking. *J Behav Ther Exp Psychiatry* 2011;42(2):225–32.