EV756
Pathologic aerophagia in patients with intellectual disability: A review of its pathophysiology, clinical features and management

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Background Pathologic aerophagia is characterised by excessive swallowing of air resulting in significant abdominal distension or belching. This is a relatively rare condition in general population but has been reported in up to 8.8% of institutionalized patients with intellectual disability (ID). In severe cases, this can cause volvulus and ileus, and even intestinal perforation. Currently, there is limited information on this potentially life-threatening condition, particularly for people with ID.
Aim To review the up to date literature on the pathophysiology, clinical features and management strategies of pathologic aerophagia in relation to people with ID.
Methods A literature search of electronic database was performed using specific keywords. Review articles were selected using pre-defined criteria.
Results Apart from a few small controlled trials on pharmacotherapy, most of the studies were case series or uncontrolled studies. The understanding on pathophysiology is incomplete but is thought to involve a reflex-induced movement of upper oesophageal sphincter and may be associated with anxiety or stress. A comprehensive history and physical examination as well as an abdominal radiograph may be helpful in diagnosis. The mainstay of treatment is reassurance and behaviour therapy. Medications that are helpful include antacids, anti-reflux drugs and benzodiazepines. Surgical treatment is recommended for patients who do not respond to conservative treatment.
Conclusions Pathologic aerophagia is not uncommon in people with ID and can present with severe challenges in the assessment and management. Further studies are necessary to provide evidence-based treatment guidelines for the management of this condition particularly in patients with ID.

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Mental Health Care

EV759
Psychosocial factors associated with frequent rehospitalization of patients with mental health disorders

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International research, which focuses on frequent users of the psychiatric services and on the psychosocial factors that are associated with frequent rehospitalization, emphasize that the problem of revolving door patient still stands and is severe. Research concerning the above mentioned issue has not been conducted in Georgia, therefore, this study aimed to explore the revolving door patients and psychosocial factors that contribute to their relapse and frequent readmission to acute psychiatric unit. Study was conducted at psychiatric department of Ghudushauri National Medical Center. Qualitative and quantitative analysis based on medical files of 34 adult patients with psychotic disorders, rehospitalized in acute psychiatric unit 60 days after their last discharge in 2012–2014 years, was conducted. Results of the study are in line with international research findings concerning the psychosocial factors that contribute to frequent rehospitalization of patients with psychotic disorders, such as: unemployment (97%), lack of support system (76,5%), non-compliance with treatment (91.2%), emotional reactivity to stressful life events, etc. However, according to the study, family atmosphere turned out to be the central problem which influences the index of conflict and expressed aggression in the family, has impact on the size of patient's support system, on substance abuse, on patient's relapse and on their emergency rehospitalization. According to the results of the study, family atmosphere is one of the most active and multifaceted factors that contribute to patient's relapse and frequent rehospitalization in Georgia. Therefore, implementing and developing interventions discussed in the research paper that will target this factor is essential.

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EV761
A three-month follow-up study evaluating changes in clinical profile and attitudes towards involuntary admission

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Introduction Involuntary admission and treatment is often a traumatic experience for patients and there is a wide variation in attitudes towards care even when patients are recovered.
Objectives/aims The purpose of this large prospective study was to identify clinical predictors of attitudes towards care during involuntary admission.
Methods Three hundred and ninety-one consecutively admitted involuntarily patients to three psychiatric inpatient units over a 30-month period were invited to participate in the study. Comprehensive assessments at admission and 3 months after discharge were attained including measures of symptoms, insight, functioning, attitudes towards involuntary admission and coercive experiences. Multiple linear regression modelling was used to determine the optimal explanatory variables for attitudes towards care.
Results Two hundred and sixty-three individuals participated at baseline and 156 (59%) successfully completed follow-up assessments. Individuals improved significantly over time clinically and in their attitudes towards their care. At baseline greater insight ($P < 0.001$) and less symptoms ($P = 0.02$) were associated with more positive attitudes towards care as was older age ($P = 0.001$). At follow-up, greater insight ($P < 0.001$), less symptoms ($P = 0.02$) and being older ($P = 0.04$) were associated with more positive attitudes towards care. More positive attitudes towards care at follow-up were associated with greater improvements in insight over time ($P < 0.001$) and having a diagnosis of an affective psychosis ($P = 0.0009$).

Conclusions The best predictors of positive attitudes towards care during and after involuntary admission are illness related factors, such as levels of insight and improvement in insight, rather than service or legislation related factors, such as the use of coercive measures, seclusion and restraint.

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EV763

Mental pain expression in psychopathology and its assessment as a therapeutic outcome measurement

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Introduction Every theory that explains psychopathology refers to different aspects of mental pain whether it regards annihilation anxiety, fragmentation of the self or feelings of intolerable anguish. The concept of mental pain has proved to be an important symptom in mood disorders in general and suicide in particular (Orbach et al., 2004; Levi et al., 2010; Levinger et al., 2015). Combining the understanding that mental pain is as a part of all forms of psychopathology with the growing interest in assessing therapeutic processes via outcome measures has led to the assumption that the tolerance and severity of mental pain could become powerful outcome measurement. The aim of this study is to assess the Mental Pain Scale (OMMP) and Tolerance to Mental Pain Scale (TMPS) as outcome measurement and to learn about their capabilities to distinguish between different psychopathologies.

Objective The first objective would be to examine patterns of mental pain subscales in different psychopathologies. The second objective is to assess the OMMP and TMPS as outcome measurements.

Method Two hundred and thirty outpatients were administered a clinical questionnaire battery composed of eight questionnaires. The patients were to fill these questionnaires every 3 months for one year or until the end of their therapy.

Results We will present preliminary findings regarding the expressions of mental pain in different kinds of psychopathology and results of 3 months follow-up.

Conclusion Tolerance and severity of mental pain are a vital to the assessment of psychopathology and should be used as outcome measurement of therapeutic process.

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EV764

Assessing medication beliefs of mental health professionals: The Portuguese version of the Medication Alliance Beliefs Questionnaire

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Introduction Clinician's attitudes are an important consideration in implementing adherence strategies and that these attitudes can be successfully improved as a result of training. The 22-item Medication Alliance Beliefs Questionnaire (MABQ; Byrne et al.2008) was used to assess clinician attitudes towards non-adherence. The MABQ contains five subscales reflecting the clinician's self-efficacy (adequacy), the satisfaction (work satisfaction); their appraisal of their self-worth (self-esteem), their outcome expectancies (pessimism) in relation to non-adherent patients, and the extent to which they understand the difficulties patients might experience in trying to adhere to treatment (empathy).

Aims/objectives To develop the Portuguese version of the MABQ.

Methods The MABQ was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. After pre-testing, the final version of the Portuguese translation was produced.

Results A convenience sample of 65 mental health professionals working in a variety of settings is being collected. The average score in MABQ was 80.06 (SD 9.5). The value of internal reliability coefficient α was 0.80. The intraclass correlation coefficient of total MABQ score was 0.35. The t-test showed that there were no statistically significant differences between the mean values of the measurement scale at two different times (80.4 vs.76.2; $P = 0.02$).

Conclusion The attitudes of mental health professionals may have a predictive relationship with treatment outcomes of patients with mental health disorders. The validation of the Portuguese version of MABQ will provide professionals with a new tool to evaluate crucial issues related to medication beliefs.

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

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EV765

Assessing strategies to improve antipsychotic adherence: The Portuguese version of the difficulty implementing adherence strategies

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Introduction Non-adherence is a problem throughout medicine and there are many strategies that are used to improve antipsychotic adherence. A review of the literature identified 33 commonly cited strategies for enhancing consumer adherence. Three core themes were identified: Information/Education; Behavioural strategies; and Cognitive/Motivational strategies.

Aims/objectives To develop the Portuguese version of the DIAS.

Methods The DIAS was translated and adapted for Portuguese language. The translation was done by the first author (AC). The accuracy of this translation was discussed in a two focus group of experts, providing opinion on face and content validity. The participants were asked to rate how often they had difficulties using each of the 33 strategies with consumers who were non-adherent. A four point Likert scale was used (1 = never; 4 = always) such that higher scores indicated more frequent difficulty using the strategy.

Results A convenience sample of 65 mental health professionals working in a variety of settings is being collected. The average score in DIAS was 85.0 (SD14.6). The value of internal reliability