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The temporal evolution of life satisfaction in institutionalized elderly: A longitudinal study

H. Espírito-Santo, S. Guadalupe, L. Lemos*, S. Simões, F. Daniel Miguel Torga Institute, Psychology, Coimbra, Portugal

* Corresponding author.

Introduction Research shows that variables, such as depression, less functionality and health, less contact with family and others, may have a negative impact on life satisfaction.

Objectives To verify which variables correlate with satisfaction with life (SWL) and analyse which of them predict the evolution of SWL.

Aims To examine correlates and predictors of SWL in institutionalized elderly.

Methods This study involved a subsidiary longitudinal analysis of cross-sectional data gathered at Phase I (2010–2012; $n=493$ elderly) and after 36 months at Phase II (2013–2014; $n=85$) of Aging Trajectories Project from Miguel Torga University College.

Results At Phase I, higher scores in SWL scale correlated with having visits ($r=0.17$; $P<0.01$), specially from family ($r=0.20$; $P<0.01$), less depressive ($r=-0.42$; $P<0.001$) and anxiety symptoms ($r=-0.25$; $P<0.001$), less loneliness feelings ($r=-0.37$; $P<0.001$), less functionality ($r=0.15$; $P<0.01$), and better general physical health ($r=0.25$; $P<0.001$). Age, sex, civil status, cognitive, and executive status did not correlate with SWL. SWL, depressive and anxiety symptoms, and loneliness feelings were stable through time, between assessment stages ($P<0.01$). The worsening of depression and loneliness through time predicted the negative evolution of SWL (respectively, $\beta=1.16$; $P<0.01$; $\beta=-0.69$; $P<0.05$).

Conclusions These findings highlight the relevance of early detecting depressed mood and loneliness feelings in institutionalized elderly, and the importance of the treatment and the development of preventive interventions for this vulnerable population.

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Attitudes toward psychiatry and psychiatric patients in medical students: Can real-world experiences reduce stigma?

M. Pascucci^{1,*}, E. Stella¹, M. La Montagna¹, A. De Angelis², P. Parente³, V. Di Nunzio¹, A. Ventriglio¹, A. Bellomo¹, L. Janiri², G. Pozzi²

¹ University of Foggia, Institute of Psychiatry, Foggia, Italy

² Catholic University of the Sacred Heart, Department of Psychiatry, Rome, Italy

³ Catholic University of the Sacred Heart, Institute of Hygiene & Public Health, Rome, Italy

* Corresponding author.

Introduction Stigma towards psychiatry and mental illness significantly worsens the quality of life of psychiatric patients. Negative prejudices in medical students make it difficult for future doctors to send patients to mental health services and promote an increased risk of premature death.

Aims Our aim is to assess stigma towards mental illness and psychiatry in medical students, and to study the influence of real-world experiences, such as having visited a psychiatric ward, having personally met a psychiatric patient or having friends and/or family members who suffer from a mental illness.

Methods One hundred and thirteen Italian medical students completed the following tests:

- Attitudes Towards Psychiatry (ATP-30);
- Community Attitudes Towards Mental Ill (CAMI);
- Perceived Discrimination Devaluation Scale (PDD);
- Baron-Cohen's Empathy Quotient (EQ).

Results Having visited a psychiatric ward correlates with a better attitude towards psychiatry ($P=0.008$), rather than towards the mentally ill. Having personally known someone with mental disorders correlates with less stigmatizing scores in CAMI: total score ($P=0.002$), authoritarianism ($P<0.001$), benevolence ($P=0.047$) and social restriction ($P=0.001$). Similar results emerged in those who have close relationships with a psychiatric patient. There is no statistical significance as to empathy.

Conclusions The students who have visited a psychiatric ward have a less stigmatizing vision of psychiatry, while having personally known psychiatric patients favors a less stigmatizing attitude towards them. Those who have not had this experience, have a more hostile and intolerant vision of mental illness, and consider psychiatric patients as inferior subjects that require coercive attitudes and that would be better to avoid because socially dangerous.

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Differences in attitudes towards mental illness and psychiatry among medical students, before and after the academic course of psychiatry

M. Pascucci^{1,*}, M. La Montagna¹, E. Stella¹, A. De Angelis², P. Parente³, V. Di Nunzio¹, A. Ventriglio¹, L. Janiri², G. Pozzi², A. Bellomo¹

¹ University of Foggia, Institute of Psychiatry, Foggia, Italy

² Catholic University of the Sacred Heart, Department of Psychiatry, Rome, Italy

³ Catholic University of the Sacred Heart, Institute of Hygiene and Public Health, Rome, Italy

* Corresponding author.

Background Stigma towards mental illness and psychiatry have a major impact on psychiatric patients' quality of life; in particular, prejudicial beliefs make it more difficult for future doctors to send patients to mental health services, leading to a delay of necessary care.

Aims Our aim is to evaluate the stigma towards mental illness and psychiatry, in a sample of Italian medical students. We studied the differences between the first-year students who have not attended the academic course in psychiatry, compared to the senior students who have attended the psychiatric lectures.

Methods We tested 113 medical students, using the following questionnaires:

- Attitudes Towards Psychiatry (ATP 30);
- Community Attitudes Towards Mental Ill (CAMI);
- Perceived Discrimination Devaluation Scale (PDD), to assess the discrimination towards mental illness perceived in society;
- Baron-Cohen's Empathy Quotient (EQ), to measure empathy.

Results Among the 113 students, 46 have already attended the academic course of psychiatry and CAMI scores were less stigmatizing as total score ($P=0.014$) and in authoritarianism subscale ($P=0.049$), social restriction ($P=0.022$) and ideology of mental health in the community ($P=0.017$). However, there were no statistically significant differences in empathy, perceived discrimination in the society and stigmatization of psychiatry.

Conclusions The 67 students who have not attended the academic course of psychiatry are more stigmatizing, considering psychiatric patients as inferior people that require coercive attitudes, socially dangerous and that should be treated faraway from the commu-