

Introduction: Impulsivity is the tendency to take quick and rash actions without the ability to assess their consequences, resulting in an increased frequency of risky behaviors. In recent years, it has been indicated that impulsivity is a multidimensional construct with different ways of expression in various mental illnesses. Moreover, personality traits might predispose to different psychiatric diagnoses and impact its course.

Objectives: Because differences in the manifestation of impulsivity can be observed at several levels (e.g., behavioral/motor, cognitive, attention, or emotionally related), we applied several tools to check whether they would allow for the differentiation of unipolar (UD) and bipolar (BD) affective disorders.

Methods: The study used data from 282 patients with affective disorders and 95 healthy controls of both sexes. Among the patients, we distinguished a subgroup diagnosed with UD and BD. We included a homogeneous group of patients in euthymia state at the end of hospitalization due to the last depressive episode. The following tools were used: subdimension novelty seeking (NS) of The Temperament and Character Inventory (TCI) and The Barratt Impulsiveness Scale version 11 (BIS-11) to assess various dimensions of impulsivity. The Coping Orientation to Problems Experienced (COPE) was used to assess the strategy of coping with stress. Statistical analyses were performed in Statistica 13.3 StatSoft, Krakow, Poland.

Results: We observed significant differences in BIS-11 dimensions such as motor (MI) ($p=0.0006$), nonplanning (NP) ($p=0.0249$), and the sum of impulsivity ($p=0.0095$) between UD and BD patients. We found no significant differences in the intensity of impulsivity measured by the NS subdimension, regardless of the type of affective disorder. In the Spearman rank correlation analysis, the following correlations of novelty seeking were revealed ($p>0.05$):

NS with BIS-11 MI ($r_s=0.3877$, $p=0.0001$), BIS-11 NP ($r_s=-0.2926$, $p=0.0042$) and COPE-planning ($r_s=-0.2552$, $p=0.0191$) dimensions. Moreover, a unique and strong correlation of NS with COPE - focus on and venting of emotions was revealed in BD patients ($r_s=0.5402$, $p=0.0461$).

Conclusions: The obtained correlation results confirm the multidimensional nature of impulsivity. The relationship between NS and the motor and nonplanning dimensions comes to the fore. Among the tests used, BIS-11 best differentiated unipolar and bipolar patients.

Disclosure of Interest: None Declared

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The Slovenian version of the Cardiac depression scale – validity and reliability

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Introduction: Cardiovascular diseases (CVD) were the cause of 40% of all deaths in Slovenia in 2016, and are the seventh most common cause of visits to the general practitioner. The prevalence of depression in people with CVD is high and is a strong predictor of mortality and additional cardiac events. In patients with coronary artery disease, depressive symptoms contribute to a lower quality of life and to physical limitations.

Objectives: The purpose of this study was to translate the Cardiac Depression Scale into Slovenian (S-CDS) and to assess its psychometric properties on Slovenian patients with heart disease.

Methods: After obtaining the consent from the original authors, the Cardiac depression scale was translated by three bilingual Slovenian native speakers with medical knowledge. Afterwards, they worked jointly to reach consensus on one version, which was then back-translated (Slovenian to English) by two independent English translators unfamiliar with the original version. The original authors approved the final draft. The S-CDS was then applied to a total of 272 patients with heart disease that underwent elective coronary angiography. At the same time the Spielberger State Anxiety Inventory (STAI-S) and the Center for Epidemiologic Studies Depression Scale-20 (CES-D) were used. An exploratory and confirmatory factor analysis, internal consistency, test-retest reliability and concurrent validity were performed.

Results: The total scale had Cronbach's alpha 0.92 and test-retest reliability 0.71. Six factors were confirmed by the exploratory factor analysis, accounting for 60.88% of total variance. A two and one factor solution indicated by the confirmatory factor analysis had acceptable goodness-of-fit measures. A one factor solution was kept, considering a high correlation between the two factors and the theoretical background in previous studies. A moderate to strong correlations were confirmed by concurrent validation against the CES-D and the STAI-S.

Conclusions: The S-CDS with 25 questions is a reliable and valid instrument for measuring depressive symptoms in Slovenian patients with heart disease.

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A comparative study of depression, anxiety, loneliness, well-being and self-esteem among patients with and without Inflammatory Bowel Disease

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Introduction: Individuals diagnosed with Inflammatory bowel disease (IBD) often experience recurring and painful symptoms, which can significantly affect their daily life, while hospitalization and/or surgery may be needed when they present complications. During the course of the disease, IBD patients may experience