perform a confirmatory factor analyses (using Mplus software) to verify if the three dimensions' structure fitted the data.
Methods The sample comprised 234 students on their first three years of college education (78.2% female), between 18–26 years old (M = 20.55; SD = 1.66). Participants filled the Portuguese version of the MOCI.
Results Our results showed that the MOCI Portuguese version with original 3-factor structure has a good fit ($\chi^2_{(227)} = 386.987$, $P < .05$; RMSEA = 0.053, 90%CI = 0.044–0.062; CFI = 0.928; TLI = 0.920; WRMR = 1.089). Good reliability was found for all subscales (Cronbach alpha < .80).
Conclusions The MOCI Portuguese version reliably and validly assesses three OC symptom dimensions in young adults. Further research is needed to confirm this structure in Portuguese clinical samples.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.255

O034

What antipsychotic is more effective? Pafip three years longitudinal study comparing haloperidol, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole

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Introduction Early stages after a first psychotic episode (FEP) are crucial for the prognosis of the disease. Those patients who drop out of treatment after a FEP show a significant increase in their vulnerability to relapse. Relapses associated a greater risk of neurotoxicity, chronicity, hospitalization, decrease of response to the treatment, increase of burden and functional decline.
Objectives To determine what antipsychotic is more effective in the prevention of relapse after a first psychotic episode.
Material and methods PAFIP is an assistance program focused on early intervention in psychosis. Between January 2001 and January 2011, 255 patients were recruited and randomly assigned to treatment with haloperidol ($n = 48$), olanzapine ($n = 41$), risperidone ($n = 44$), quetiapine ($n = 34$), ziprasidone ($n = 38$) and aripiprazole ($n = 50$). We compared the rates of relapse and remission reached by haloperidol, olanzapine, risperidone, aripiprazole, ziprasidone and quetiapine during a 3-year follow-up. All of the patients were antipsychotic naives at the beginning of the treatment.
Results There were no statistically significant differences in regard to the rate of clinical remission. Patients assigned to the groups of aripiprazole, olanzapine and risperidone presented a solid trend to a significantly inferior rate of discontinuation for any reason since the beginning of the treatment.
Conclusions These data point to a greater protection against relapse and a likely better prognosis related to the use of aripiprazole, Olanzapine and risperidone.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.256

O035

Predictors of sleep difficulties in college students

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Introduction College students are known for their variable sleep schedules. Such schedules, along with other common student practices are associated with poor sleep hygiene. The persistence of the precipitating stressor is one of the factors involved in the persistence of insomnia.
Aims To examine the role of the perceived stress, perseverative thinking, strategies of cognitive emotion regulation and negative affect as predictors of sleep difficulties.
Methods The sample comprises 549 college students.
Measures PSS-10, PTQ, CERQ and POMS-58. Three questions were used to access difficulties in initiating sleep (DIS), maintaining sleep (DMS) and early morning wakening (EMA). A Sleep Difficulties Index (SDI) was calculated by summing DIS, DMS and EMA scores.
Results In total sample, the multiple linear regression explained 27.7% of the SDI total variance ($R^2 = .277$, $F(9, 375) = 15{,}942$, $P < .0001$). The significant predictors of the total variance of SDI were perceived distress ($B = .246$, $P = .0001$), repetitive thought ($B = .189$, $P = .005$), cognitive interference and unproductiveness ($B = -.188$, $P = .006$), rumination ($B = .130$, $P = .044$) and negative affect ($B = .156$, $P = .018$).
Conclusions Preventive interventions focused on predictor factors (perceived stress, perseverative thinking, rumination and negative affect) should be considered in order to promote better mental health in college students.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.257

O036

Ultra high risk status and transition to psychosis in 22q11.2 deletion syndrome

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The 22q11.2 deletion syndrome (22q11DS) is characterized by high rates of psychotic symptoms and schizophrenia, making this condition a promising human model for studying risk factors for psychosis. We explored the predictive value of ultra high-risk (UHR) criteria in a sample of patients with 22q11DS. We also examined the additional contribution of sociodemographic, clinical and cognitive variables to predict transition to psychosis within a mean interval of 32.56176 months after initial assessment.

https://doi.org/10.1016/j.eurpsy.2017.01.256 Published online by Cambridge University Press