admission. We developed the Italian AES through translation back-translation and administered it to acutely hospitalized psychiatric patients.
Objectives/Aims To verify psychometric characteristics of the Italian AES. To Examine the AES factor structure.
Methods $n = 156$ acutely hospitalized patients (48% women, 69% voluntary) were recruited in two university hospitals in Rome (Umberto I Policlinic, Sant'Andrea Hospital) and were administered the Italian AES. We conducted a principal component analysis (PCA) with equamax rotation.
Results Socio-demographic and clinical characteristics of the sample are reported in Table 1. The Italian AES had good internal consistency (Cronbach's alpha = 0.90); Guttmann split-half reliability coefficient was 0.90. AES total score significantly differed between voluntary and involuntary patients (5.08 ± 4.1 vs. 8.1 ± 4.9, $P < 0.05$). PCA disclosed a three-factor solution explaining 59.3 of the variance. Significant correlations emerged between AES total score and clinical variables (Table 2). Pearson's correlation coefficient disclosed a significant correlation between perceived coercion and psychiatric symptoms severity (BPRS total score).
Conclusions The Italian version of AES and proposed new factor structure proved reliable.
Table 1

Age, years, M (SD)	40.5 (12.7)
Women	48%
Education, years, M (SD)	12.1 (4.0)
Disease duration, years, M (SD)	12.1 (9.4)
Diagnosis	
Schizophrenia spectrum disorders	35.9%
Bipolar disorders	35.3%
Depressive disorders	19.2%
Others	9.6%
Number of previous psychiatric hospitalizations, M (SD)	1.4 (2.9)
Number of previous involuntarily psychiatric hospitalization, M (SD)	0.7 (2.6)
MMSE total score, M (SD)	25.6 (2.7)
BPRS total score, M (SD)	54.2 (13.0)

Table 2

Admission Experience Survey items	Perceived Coercion (Cronbach's alpha = 0.84)	External pressure (Cronbach's alpha = 0.79)	Choice expression (Cronbach's alpha = 0.71)
7. It was my idea to come into the hospital	0.78		
15. I had more influence than anyone else on whether I came into the hospital	0.73		
4. I chose to come into the hospital	0.69		
1. I felt free to do what I wanted about coming into the hospital	0.63		
13. My opinion about coming into the hospital didn't matter	0.60		
14. I had lot of control over whether I went into the hospital	0.59		
2. People tried to force me to come into the hospital	0.46	0.51	
11. they said they would make me come into the hospital	0.50		
10. I was threatened with commitment		0.86	
6. Someone threatened me to get me to come into the hospital		0.79	
8. Someone physically tried to make me come into the hospital		0.63	
12. No one tried to force me to come into the hospital	0.46	0.53	
5. I got to say what I wanted about coming into the hospital			0.75
3. I had enough of a chance to say whether I wanted to come into the hospital			0.67
9. No one seemed to want to know whether I wanted to come into the hospital			0.60

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EW0691

Sexual dysfunctions and treatment compliance in individuals with psychotic disorder

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Introduction Sexual dysfunctions are more common in individuals with psychotic disorders and has a major impact on both quality of life and compliance.
Objectives The purpose of this study is to investigate whether a relationship between sexual dysfunction and level of treatment compliance in individuals with psychotic disorders.
Methods The sample group of the study consisted of 173 inpatients who agreed to participate were selected by random sampling method. The permission was obtained from the hospital's ethics committee. In this study, to assess the sexual functionality Golombok-Rust inventory of sexual satisfaction male and female form and to assess the treatment compliance; medical treatment compliance rate scale is used.
Results When sexual problems and treatment compliance compared to gender, subscales of satisfaction ($t = 4{,}423$, $P = 0.000$), avoidance ($t = 3.348$, $P = 0.001$), touch ($t = 2.165$, $P = 0.032$) and overall total ($t = 4.015$, $P = 0.000$), although a statistically significant difference was found, there were no differences in treatment compliance. Aditionally, there is no relation between sexual problems and treatment compliance in men. It is also found that there is a weak negative statistical relation amongst treatment compliance and communication ($r = -0.244$, $P = 0.027$), avoidance ($r = -0.270$, $P = 0.014$), anorgasmia ($r = -0.253$, $P = 0.022$) and overall total ($r = -0.249$, $P = 0.024$) in women. According to these findings while sexual problems increase, treatment compliance decreases.
Conclusions The level of compliance to the treatment and subscales of sexual problems; satisfaction, avoidance, and touch mean scores differ from each other. There was a weak negative correlation in between Women's compliance and sexual problems.
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Post-traumatic stress disorder screening among Syrian war victims

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Introduction War in Syria and related refugee crisis has caught worldwide attention for the past few years. The war is still continuing by the time of the writing of this abstract. War is one of the reasons of posttraumatic stress disorder (PTSD). Syrian people experience many traumatic events like witnessing death, torture and rape.
Aims The aim of this research is to screen for PTSD among Syrian war victims.
Methods A total of 150 (women = 52, men = 98) war victims between 18–65 years, inhabiting a Syrian camp near the Turkish border were screened with trauma response checklist for PTSD between March 11 and April 11 2015.
Results Significant amount of the interviewed participants were found to show symptoms of PTSD. Seventy-six percent ($n = 114$) of the participants had experienced a traumatic event. In total, 80.6% ($n = 121$) were experiencing distress. Seventy-eight percent ($n = 117$) had avoidance. Eighty-four percent ($n = 126$) had negative

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