

ily and pediatricians, and attitudes toward job seeking. In addition, the frequent contact with these mothers elicited markedly positive reactions in the 8–9 children/adolescents currently residing in our community.

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## EV922

### Psychiatric re-hospitalization in mental disorders

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Many patients with severe mental illness are admission in hospital; but little is known about psychiatric re-hospitalization in this population. Our objective was to identify motives of psychiatric re-hospitalization in Dr. Rodriguez Lafora hospital. It is an observational, descriptive and retrospective study. We collected information about patients aged 18 to 64 who were hospitalized during the month of January of 2015 in the acute psychiatric hospitalization by Selene software. We reviewed psychiatric re-hospitalization for 6 months later and the results were analyzed by SPSS software. The percentage of inpatients with a diagnosis of schizophrenia spectrum and other psychotic disorders was 29.4%, 13.7% bipolar disorders, 13.7% personality disorders, 11.8% depressive disorders, 9.8% alcohol use disorders, 3.9% schizoaffective disorders, 3.9% intellectual disabilities, 3.9% adjustment disorders with depressed mood, 3.9% obsessive-compulsive and related disorders, 2% substance-related and addictive disorders, 2% feeding and eating disorders and 2% adjustment disorders with mixed anxiety and depressed mood. The percentage of psychiatric re-hospitalization in patients with alcohol use disorders was 60%, 57.1% personality disorders, 50% obsessive-compulsive and related disorders, 50% schizoaffective disorders, 28.6% bipolar disorders, 26.7% schizophrenia spectrum and other psychotic disorders and 0% in the other inpatients. Why the percentage of psychiatric re-hospitalization is higher in patients diagnosed with personality disorder and alcohol use disorders? It would be important to establish an approach through more appropriate units as alcoholic detoxification unit and personality disorders unit.

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## EV923

### Sub-types of childhood trauma predicts depressive and anxiety symptoms in the general population

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**Background** Ubiquitous negative emotional states such as depression, anxiety and stress in adulthood are related to individual life scenario, particularly influenced by exposure to environmental risk factors. Here, we investigated if sub-threshold negative emo-

tional states in general population can be predicted by experience of trauma in the childhood.

**Method** A sample of 106 healthy young adult participants from Belgrade and surroundings (43.4% male, age  $29.2 \pm 6.6$  years, mean IQ  $106.4 \pm 15.9$ ) fulfilled Childhood Trauma Questionnaire (CTQ) to identify emotional or physical abuse/neglect or sexual abuse. Present level of negative affectivity was measured by Depression Anxiety Stress Scale (DASS). Hierarchical linear regression analysis was conducted to identify subtypes of trauma as predictors of the negative affectivity.

**Results** Mean CTQ and DASS scores were  $31.2 \pm 6.7$  and  $16.4 \pm 16.8$ , respectively. An exposure to given risk factors in the past correlated significantly with intensity of the present negative affective states ( $r = 0.290$ ,  $P = 0.004$ ). For the prediction of anxiety, the most important traumatism subtypes were emotional abuse, emotional neglect and physical abuse ( $P = 0.001$ ;  $0.028$ ; and  $0.041$ , respectively). Depressive symptoms were predicted only by the emotional abuse in the past ( $P = 0.008$ ).

**Conclusion** Based on clinical samples, findings from the literature yielded greater risk for mood and anxiety disorders after exposure to emotional, in comparison to the physical trauma. We confirmed the same pattern of correlations in the healthy subject's sample, who had no history mental disorders. Evaluation of the interaction effects among emotional trauma and genotype is strongly recommended in the identification of subjects at risk and for the prevention.

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

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## EV924

### Clinical-psychopathological peculiarities of the prodromal stage of psychosis

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**Introduction** Under conditions of growing of mental pathology in population, the European Psychiatric Association proposes an early detection of such pathology and timely medical interventions as the main strategy. First of all, this concerns psychoses at whole, and schizophrenia particularly, as the most disabling mental disorders. Here, a special role belongs to early interventions in the prodromal stage of psychosis (PSP). Such interventions might prevent development of the pathological process, promote solving of everyday and financial problems of patients, an early restoring of cognitive deficits and social functioning.

**Aim** To investigate clinical-psychopathological peculiarities and quality of life (QoL) of patients with PSP 72 patients (first hospitalization) with acute polymorph psychotic disorder (F23.0, F23.1) were examined both in the format of real time and retrospectively.

**Methods** A clinical-psychopathological and psychometric (PANSS, Scale of Suicidal Risk, SOPS, Scale for Detection of Clinical-Dynamic Variant of Course of Prodromal Period, PAS-SI) methods; the Method for Assessment of Integrative QoL Index.

**Results** In the patients clinical-psychopathological impairments in the PSP period manifested in form of a lowered stress tolerability (80.5%), agitation (40.2%), anxious conditions (72.2%), tension, concentration and attention problems (68.0%), sleep disorders (93.0%), contents of thoughts (56.9%). The patients had low QoL indexes on scales of personality realization (81.9%), psychological well-being (87.5%), and a general QoL impression (95.8%).

**Conclusions** The abovementioned clinical manifestations should be considered as PSP diagnostic criteria, which open possibilities