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Background Psychological distress is considered as a component of the cardiovascular risk. The present study aims to determine which psychophysiological, electrocardiographic and anthropometric factors are correlated with life events, depression and quality of life in healthy adults.

Method A total of 114 adults were examined using the Social Readjustment Rating Scale, the EuroQol Group 5-Dimension Self-Report Questionnaire, Beck Depression Inventory – Second Edition, Zung Self-Rating Depression Scale. Physiological measures included heart rate variability, skin conductance level and skin temperature. Anthropometric characteristics included weight, height, hip size, waistline, blood pressure, heart rate at rest and after mental activity, muscle mass, fat stock, percentage of the body fat, segmental distribution of muscle and fat mass, fat-free mass and the water content in the body. Finally, data from electrocardiographic examination included aortic pulse wave velocity, central aortic pressure and augmentation index.

Results Life events in last two years correlate with worse quality of life and a higher level of depression. Life events in last two years also correlate with the increase of the risk factors for cardiovascular problems in terms of several anthropometric and physiological measures. Finally, life events in last two years was also related with the overweight.

Conclusions Results suggest some possible mechanisms by which stress may exert adverse effects on cardiovascular morbidity and mortality in healthy persons. Primary preventive strategies with the stress management training may prove beneficial.

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

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e-Poster Walk: Quality management; rehabilitation and psychoeducation and research methodology

EW0786

Art therapy for patients in acute psychotic episodes

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Purpose Evaluate the efficacy of art therapy during acute psychotic episodes.

Methods Thirty-six inpatients with ICD-diagnoses of schizophrenia (F20.0–F20.9) age between 20–60 were randomised to either 12 twice-weekly sessions of psychodynamic group art therapy plus treatment as usual or to standard treatment alone. Art therapy was administered in 12 sessions of 90 minutes for 6 weeks. At 12 weeks, 55% of patients randomised to art therapy, and 66% of patients receiving treatment as usual were examined. Scales used: 17 – Item Hamilton Rating Scale for Depression (HRSD) for depression and Scale for the assessment of negative symptoms (SANS).

Interventions The approach was non-directive – patients could choose to create whatever they wanted and use any available material. Interventions by the art therapist aimed at supporting the art

process and helping to understand the image. The last 30 minutes of a session were reserved for a shared viewing and reflecting on the images.

Results With post-treatment and follow-up scores of SANS and HRSD patients who had received AT had a significantly greater mean reduction of positive and negative and also depressive symptoms at 12-week follow-up than patients treated as usual. Social functioning was significantly higher in the AT group. There were no significant interactions between intervention group and gender.

Conclusion Evidence on the efficacy and effectiveness of AT in patients with schizophrenia is far from being conclusive and benefits might be limited to a subgroup of patients. Results of this study suggest AT can be implemented in routine hospital settings for patients experiencing acute psychotic states.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

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EW0787

Perseverative Thinking Questionnaire: Confirmatory factor analysis with two different samples

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Introduction Perseverative Negative Thinking (PNT) is a transdiagnostic cognitive process [1] characterized by repetitiveness, intrusiveness and difficulties to disengage (Ehring, 2011). The Perseverative Thinking Questionnaire (PTQ-15; [2]) is a self-reported instrument, developed to evaluate these characteristics. The Portuguese version assess two meaningful dimensions – Repetitive thoughts (RT); and Cognitive interference and unproductiveness (CIU) [3].

Aim To confirm the bi-dimensional structure of the PTQ-15 using Confirmatory Factor Analysis, in two distinct samples.

Method A sample composed of 256 students (Mean age = 20.58 ± 1.870; 78.1% girls) and a sample composed of 480 adults from the community (parents of the students; mean age = 50.84 ± 5.310; 53.1% women) filled the PTQ-15. We used software AMOS.

Results The second-order model of PTQ-15 with two dimensions presented good fit, in both students (CMIN = 2.449; RMSEA = 0.075; CFI = 0.958, TLI = 0.949, PGFI = 0.776; $P < 0.001$) and their parents (CMIN = 3.46; RMSEA = 0.072, CFI = 0.955, TLI = 0.942, PGFI = 0.632; $P < 0.001$). Internal consistency of the total scale, measured though Cronbach's alpha was $\alpha = 0.95/0.94$; both factors presented good/excellent reliability: repetitive thoughts ($\alpha = 0.93/0.92$); cognitive interference and unproductiveness ($\alpha = 0.88/0.92$).

Conclusion Taken together, both CFAs provided additional evidence that PTQ-15 is an adequate measure for perseverative thinking.

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

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EW0788

The medical model of rehabilitation treatment of drug addicts with psychiatric comorbidity: Efficacy evaluation

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Introduction The medical model assumes the professional psychotherapeutic assistance at all stages of the rehabilitation process and pharmacological treatment of comorbid mental disorders.

Aim Evaluation of the efficacy of the medical model rehabilitation based on the clinical, psychological, and social characteristics of patients at the all stages of the treatment.

Subjects Eighty-five drug-addicted patients with psychiatric comorbidity. The inclusion criteria were: age above 18 years, withdrawal status. The patients were examined four times:

- 1 – during the first weeks of treatment;
- 2 – after 45 days;
- 3 – after 6 months;
- 4 – after 12 months.

Results and conclusions The primary evaluation the highest scores noted in the sections: “family and social connections”, “health status”, “psychiatric status” and “legal aspects” received lower scores. In the second measurement, the results established a significant improvement on the scale of “health status”, “mental status”, “alcohol”, “drug use” compared with original values. Early retired patients the most high-end performance observed on the scale of “drug alcohol using”, “job/livelihood”, “health status”, “legal aspects”, the “psychiatric status”, “family and social connections” recorded lower scores. Indicators on the scale of “drug use”, “alcohol” in this group of patients was significantly higher than patients who remain on treatment, which may indicate a possible updating of the attraction to the drugs. The third measurement showed a significant improvement ASI according to the all scales as compared to the previous ones. In the course of the rehabilitation process revealed positive changes in clinical, psychological and social characteristics of patients.

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EW0789

Predictive biomarkers in clozapine-treated patients: Assessment of the evidences and suggestion for research methodology

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Introduction Predictive biomarkers are tools that identify a sub-population of patients who are most likely to respond to a given therapy. In order to identify them a strict methodology is necessary (RCT's studies). In consideration of its cost in economic and medical terms, predictive biomarkers would be useful to distinguish clozapine-resistant patients before its administration.

Aims The evidence concerning genetic biomarkers was reviewed with the aim of assessing whether there is enough evidence to claim for predictive biomarkers useful in practice. Secondary aims were the assessment of the evidence concerning genetic prognostic biomarkers and predictors of side effects in clozapine-treated schizophrenic patients.

Methods One hundred and twenty-eight studies, searched on the Pubmed database or referenced in other studies, were included in this review. Sixty-five papers were related to clozapine efficacy and explored 167 genetic variants.

Results Fifty-four variants were supported as prognostic biomarkers, three were successfully replicated: rs6280, rs6314 and rs4680; 49 papers were related to clozapine weight gain and explored 216 different genetic variants. Forty-five of which were positively related to weight gain during clozapine treatment. Among these 45 variants, only two, Rs3813929 and Rs779039, were successfully replicated.

Fourteen studies explored 111 genetic variants potentially correlated to Clozapine-induced agranulocytosis. Thirty-four variants were found to be associated with agranulocytosis. Five variants had positive results, successfully replicated. In particular, HLA B38.

Conclusions To date there is no evidence to support a modification of clinical practice towards predictive medicine. The research could ideally progress with RCTs involving the prognostic factors found in association studies.

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EW0790

Loss of motivation and frustration for visitor surgeons in provincial health centers or psychiatric hospitals in Greece

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Introduction The core workplace for a surgeon is the operating theatre. Secondary duties may include visits to small health centers for outpatient examinations and visitor work to psychiatric hospitals.

Objective The objective of our study is to highlight the mistakes of management that lead to half-empty provincial health centers and psychiatric hospitals.

Methods Presentation of the 2-year-experience of a surgeon visitor in provincial health centers and in a large psychiatric hospital in Greece.

Results The provincial health center of Lagada needs at least 4 surgeons to serve; too many patients to be examined or/and operated in 2–3 hours only. Subsequently problems arise, as simultaneously in the emergencies department a surgical eye for an abdominal pain or a bad looking leg is needed every 15 minutes. The health center of Koufalia needs 3 hours of driving per day for 3–8 surgical patients only. The psychiatric hospital offered work for 3 surgeons 5 days a week for a long period of time. During 2012–2014, only one surgeon visited the hospital once a week. The work needed to be done may kill the surgeon or force him to receive antidepressants in order to keep his functions alive.

Conclusions Not a hint of scientific motivation for two years is a strong reason for a surgeon to avoid the duty to provincial health centers and psychiatric hospitals which is obligatory according to