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Introduction Critical illness increases the risk of mental illness, including anxiety disorders. As critically ill patients exhibit high levels of inflammation and inflammation plays a role in mental illness, critical and mental illnesses may be linked by systemic inflammation.

Objective To investigate whether anti-inflammatory drugs reduce the risk of subsequent anxiety disorders among intensive care patients requiring mechanical ventilation.

Aims To assess the risk of anxiety disorders after intensive care requiring mechanical ventilation according to pre-admission use of non-steroidal anti-inflammatory drugs (NSAID), glucocorticoids, statins or combination. To compare risk in users with non-users.

Methods This nationwide, registry-based, cohort study includes all patients receiving mechanical ventilation in Danish intensive care units during 2005–2013. Preadmission use of NSAIDs, glucocorticoids, statins or combinations will be identified from filled prescriptions. Risk of anxiety disorders in users and non-users of these anti-inflammatory drugs will be estimated using the cumulative incidence method, accounting for death as a competing risk. After propensity-score matching, risk in users and non-users will be compared using hazard ratios from a Cox regression.

Results N/A. The estimated number of patients is 100,000. Expected preadmission use is 14% for statins, 15% for NSAIDs, and 10% for glucocorticoids. The study will have 95% power to detect a 10% decrease in risk between users and non-users.

Conclusions N/A. The study potentially will contribute knowledge about the pathogenesis of anxiety disorders and a mechanism linking critical illness and mental illnesses. If anti-inflammatory drugs reduce risk of anxiety disorders, this may guide trials.

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

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Psychopathology

EW427

Family functioning and individual psychopathology in a non-clinical general population

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Introduction A family “constructs” an identity of its own derived from their assumptions about relationships and the social environment they live in. This identity transcends the individual while at the same time encourages individual differentiation. Family functioning is influenced from different factors like social context, qualitative characteristics, and from individual’s medical or psychiatric condition.

Aims and objectives To examine the effects of sociodemographic factors and individual psychopathology on the function of family in a non-clinical sample.

Methods Cross-sectional study of participants and their families. The following data collected:

–demographics (age, gender, occupation, education);

–description of the family (number of members, single parents family, adoption);

–history of mental or physical illnesses;

–Family Assessment Device (FAD);

–Symptom Checklist-90 (SCL-90).

Results The sample constituted of 151 families, (453 individuals), in 48 families, 2 family members participated, in 56 families, 3 members participated, in 46 families 4 members participated and 1 family had 5 members participating. One hundred ninety-four (42.8%) were children and 259 (57.2%) were parents. The mean age of the children was 23.62 (SD: 6.35) and 68 (35%) were males. Mean age of the parents was 51.4 (SD: 8.2) and 117 (45.2%) were males. SCL-90 identified 183 participants as caseness. Multilevel analysis showed that individual psychopathology (caseness) was the only statistically significant factor for family dysfunctioning.

Conclusion There is strong association between family dysfunction and psychopathology of a member. Dysfunctional families need further psychiatric evaluation of the members. Cause-effect cannot be concluded from this cross-sectional study.

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Thought overactivation as a marker of bipolar disorder

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Introduction Recent studies have underlined the importance of considering the form of thoughts, beyond their content, in order to achieve a better phenomenological comprehension of mental states in mood disorders. The subjective experience of thought overactivation is an important feature of mood disorders that could help in identifying, among patients with a depressive episode, those who belong to the bipolar spectrum.

Objectives Patients with a diagnosis of bipolar disorder (BD) were compared with matched healthy controls (HC) on a scale that evaluates thought overactivation.

Aims Validate the Italian version of a scale for thought overactivation (i.e. STOQ) in a sample of bipolar patients.

Methods Thirty euthymic BD and 30 HC completed the Subjective Thought Overactivation Questionnaire (STOQ), the Ruminative Responses Scale (RRS), the Beck Depression Inventory-II (BDI-II) and global functioning (VGF).

Results The 9-items version of the STOQ has been back translated and its internal consistency in this sample was satisfactory ($\alpha = .91$). Both the brooding subscore of RRS (b-RRS) ($r = .706$; $P < .001$) and STOQ ($r = .664$; $P < .001$) correlate significantly with depressive symptoms whereas only the first correlate with VGF ($r = -.801$; $P < .001$). The two groups did not differ in the b-RRS (HC = 8.41 vs BD = 9.72; $P = .21$), whereas BD were significantly higher in the STOQ total score (HC = 6.62 vs. BD = 14.9; $P = .007$).

Conclusion Our results, although limited by the small sample size, confirm the validity of the STOQ and suggest that this scale could grasp a feature characteristic of BD, independently from their tendency to ruminate. The latter seems to impact more on global functioning.