

– empathic concern (EC) scale and iv) personal distress (PD) scale. Such questionnaires have been translated in many languages (see Table 1). This work aims to compare the original model with existing modified, hierarchical, shortened models in the literature and to also translate and validate the IRI for Portuguese.

Methods A convenience sampling was used ($n = 130$) to conduct confirmatory factor analysis (CFA) using AMOS software. The original four-factor model is contrasted with modified, hierarchical and shortened models proposed in the literature, reporting internal consistency statistics and their fit indices.

Results The same structure of factors was found in the sample with reasonably good fit indices $\chi^2/df = 1.57$, CFI = 0.77, AGFI = 0.72 and RMSEA = 0.067. Internal reliability for each scale of the IRI was not excellent (< 0.90), but it is in line with the literature: PT with a Cronbach's alpha of 0.74, FS with 0.79, EC with 0.74 and PD with 0.65. The comparison with other modified versions of the IRI latent factor structure revealed that two models with better fit than the original version, and the potential for a shortened Portuguese version of the IRI.

Conclusion IRI is a valid instrument to measure empathy in the Portuguese Population and is in line with previous findings. Some modifications to the original latent structure provide a better data fit than the original one.

Table 1 Validation studies of the 4-factor model structure of the IRI.

Country	Language	(n)	Reliability measures (Cronbach's alphas)				Fit indices			
			PT	FS	EC	PD	χ^2/df	CFI	AGFI	RMSEA
Sweden	Swedish	221	-	-	-	-	2.04	-	-	0.069
		137	-	-	-	-	1.79	-	-	0.076
Spain	Spanish	1997	0.75/0.74	0.77/0.80	0.71/0.67	0.69/0.71	9.29	-	0.88	-
		692	0.70/0.64	0.71/0.71	0.67/0.63	0.70/0.64	6.38	-	0.80	-
		515	0.73/0.75	0.76/0.75	0.68/0.70	0.70/0.72	2.48	-	0.87	-
China	Chinese (Cantonese)	580	-	-	-	-	6.54	0.65	0.85	0.06
Netherlands	Dutch	651	0.73	0.83	0.73	0.77	2.93	0.86	0.87	0.06
Spain	Spanish	360	0.71	0.78	0.68	0.77	14.38	-	0.67	0.136
Chile	Spanish	435	0.73	0.76	0.73	0.70	2.27	0.81	-	0.054
Japan	Japanese	95	0.66	0.73	0.70	0.60	2.40	-	0.96	-
France	French	322	0.71	0.81	0.70	0.78	2.29	0.81	-	0.065
Portugal	Portuguese	130	0.74	0.79	0.74	0.65	1.57	0.77	0.72	0.067

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1531>

EV1202

Development of a new activity measure: Activity perception in healthy population and in people with chronic illness

M. Martin*, I. Alexeeva

University of Oxford, Experimental Psychology, Oxford, United Kingdom

* Corresponding author.

Introduction Self-reports provide rich information about the types of activities people engage in. Reviewing current activity measures two issues become evident. Firstly, they were developed and validated in healthy populations. Secondly, they are diverse in their applications and measured domains. Thus, to assess the construct of activity fully large numbers of measures need to be used.

Objectives The study aimed to explore different dimensions of activity (e.g. work, physical, mental, leisure, sedentary behaviours) using a new scale assessing multiple domains of daily activities.

Methods A new activity scale was used to investigate the types of activity and inactivity in people with chronic illness (asthma, chronic fatigue syndrome (CFS)) and in a healthy group. The types of activities measured included; leisure and sport, home and outside, social activity, work and education, and mental activity. The scale also aimed to measure the construct of inactivity, represented by sedentary behaviours, such as staying in bed during the day.

Results The results showed a pattern of significant correlations between the new activity scale, specifically its two major domains of activity and inactivity, and other measures of functioning and activity in the illness groups, but not in the healthy group.

Conclusions The lack of significant associations between the new activity scale and other measures of activity and functioning within the healthy group indicated the measure may be more suitable for assessing activity in people with chronic illness than in healthy people. Additionally, the results underscore the importance of measuring inactivity as a separate domain.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1532>

EV1203

Outcomes assessment: Reliable change index (RCI) in assessing health outcomes in clinical practice

I. Iraurgi¹, P. Penas^{1,*}, S. Gorbeña¹, M. Montero¹, J. Trujols²

¹ University of Deusto, Department of Psychology, Bilbao, Spain

² Hospital de la Santa Creu i Sant Pau, Psychiatric Unit, Barcelona, Spain

* Corresponding author.

Introduction The assessment of therapeutic outcomes and the evaluation of treatment efficiency and effectiveness is an area of interest for clinicians and researchers. Scientific evidence demands randomized controlled trials and inter-groups comparisons with a minimum number of participants in each treatment modality, a requirement rarely feasible in clinical practice where the assessment of treatment outcomes, with regards to therapeutic goals, is crucial both in terms of statistical significance and clinical relevance.

Objective The aim of this poster is to present an alternative methodology which permits to evaluate the individual's change.

Method The reliable change index methodology allows for the estimation of statistical significance (statistically reliable change) and clinical relevance (calculation of cutoff points and its interpretation criteria). Two examples are presented: a group of patients with asthma in treatment and a female with major depression who underwent electroconvulsive therapy (ECT).

Results/discussion Both cases were analyzed using standardized statistical analyses and the RCI method in order to estimate clinical change. The results illustrated the adequacy of both procedures for decision making in terms of effectiveness. However the RCI offered greater specificity with regards to individual changes. More specifically, RCI provided a more concrete estimation of the proportion of cases of asthma that showed change after the intervention, and also, indicated if such change were not only statistically significant, but also clinically relevant. Besides, when a single case was assessed (ex: ECT case) this methodology proved useful to estimate the efficacy of a continuation and maintenance program.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1533>