

ence or not to treatment, on viewpoint of interviewed outpatients at a Hepatitis Service.

**Method** Data collection was conducted using the Clinical-Qualitative Method, utilizing semi-directed interviews with open-ended questions in depth, fully transcribed. Qualitative Content Analysis employed for processing data, emerging meaning cores, with categorization into discussion topics. Sample closed by information saturation.

**Results** Nine interviews. The analysis revealed:

- coping attitude - handling the disease to have willpower; a moral feeling regarding the need to overcome the disease and treatment side effects to demonstrate “strength”, as well as to deny psychologically the occurrence of side effects;
- disruptive attitude: reports of anxiety regarding to patients presenting neuropsychiatric symptoms by medication;
- realistic attitude: speeches show perception of natural evolution and treatment real function.

**Conclusion** Guilt feelings emerged regarding to difficulties of being loyal to treatment, a strongly valorative speech on being ill what must lead to “overcome the evils of life”. Health teams must understand these meanings to talk openly about human feelings on illness and treatment, promoting an adequate adherence.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1431>

#### EV447

### Stress factors and mental disorders in systemic sclerosis

D. Veltishchev<sup>1,\*</sup>, O.B. Kovalevskaya<sup>1</sup>, O.F. Seravina<sup>1</sup>, M.N. Starovoitova<sup>2</sup>, T.A. Lisitsyna<sup>2</sup>

<sup>1</sup> *Moscow Research Institute of Psychiatry, Stress Related Disorders, Moscow, Russia*

<sup>2</sup> *Nasonova Research Institute of Rheumatology, Systemic Rheumatic Diseases, Moscow, Russia*

\* *Corresponding author.*

**Introduction** Systemic sclerosis (SSc) is a chronic, multisystem disease of unknown etiology characterized by autoimmune inflammation, abnormalities in small blood vessels, and progressive fibrosis of the skin and visceral organs. Mental disorders (MD), especially depression, occur quite often with SSc. The influence of childhood experience, relations' traumatic events with SSc and MD, and MD's clinical specific have not investigated carefully still. The investigation has been realized in accordance with the interdisciplinary program “stress factors and mental disorders in auto-immune inflammatory rheumatic diseases”.

**Methods** Sixty SSc patients (4 male and 56 female mean age  $49.9 \pm 13.5$ ) were included. ICD-10 criteria were used for MD semi-structured interview. The stress factors were analyzed with the specially elaborated scale. The cognitive disorders and their severity were diagnosed by neuropsychology tests.

**Results** Early traumatic childhood experiences (parental deprivation mainly) observed in 90% cases. The significant stress factors were preceded SSc symptoms in 80% and MD in 70% cases. Most patients self-reported connection between stressful life events and exacerbation of SSc. MD preceded SSc in 76.6% cases. MD were diagnosed in 48 (80%) SSc patients: depressive episode (mild, moderate) – 26.6%, recurrent depressive disorder – 16.6%, dysthymia – 23.3%, adjustment disorder – 6.6% and schizotypal disorder – 40%. The mild or moderate cognitive impairments were diagnosed in all MD cases.

**Conclusion** Individual history of stressful life events is important factor for the predisposition and provocation of the rheumatic disease and MD in SSc patients. Depressive, schizotypal and cognitive disorders are the common MD in SSc patients.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1432>

## Cultural Psychiatry

#### EV448

### Mental health of traumatized refugees and asylum seekers: Experiences of a centre of transcultural psychiatry in Hannover, Germany

U. Altunoz\*, S. Castro Nunez, I.T. Graef Calliess  
*Klinikum Wahrendorff Psychiatry Hospital, Transcultural Psychiatry, Hannover, Germany*

\* *Corresponding author.*

**Introduction** Germany has always been an important host country for traumatized refugees and asylum seekers. Although, recently an increasing number of investigations about mental health of individual migrant groups have been published in Germany, there is a paucity of research concerning mental health of asylum seekers and refugees.

**Aims-objectives** To investigate socio-demographic and clinical characteristics of traumatized refugees-asylum seekers who were applied to an outpatient psychiatry clinic in Germany.

**Method** A standardized data collection form (socio-demographics, diagnosis, suicidality, etc.) was filled by therapists for each traumatized refugee-asylum seeker who was applied to outpatient clinic of Klinikum Wahrendorff-Centre of Transcultural Psychiatry between April 2013 and October 2015.

**Results** Fifty-eight traumatized refugees-asylum seekers (F/M = 27/31, age:  $34.7 \pm 1.4$ ) were assessed. 53 (91.4%) of them were assessed via interpreters. Thirty (51.7%) of them were staying in refugee-dormitories, 25 (43.1%) of them were living alone. They've been living in Germany for  $19.9 \pm 16$  months (min: 1–max: 82). Psychiatric symptoms appeared before  $29.9 \pm 19$  months. Time to reach to psychiatric care in Germany was  $14.2 \pm 11$  months. Psychiatric diagnoses were posttraumatic stress disorder (PTSD): 12 (21%), depression + PTSD: 44 (76%), depression: 2 (3%). Fifty-three (91.4%) of them had suicidal ideation and 16 (27.6%) of them had at least one suicide attempt before.

**Conclusions** Traumatized refugees in this study have high rates of suicidal ideation and suicide attempts and it takes months to years for them to reach a psychiatric care. Therefore, strategies should be developed for early detection of PTSD symptoms in traumatized refugees and access barriers to reach a psychiatric care should be overcome.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.1433>

#### EV449

### Cultural explanations of sleep paralysis: The spiritual phenomena

I. Carvalho<sup>1,\*</sup>, L. Maia<sup>2</sup>, A. Coutinho<sup>3</sup>, D. Silva<sup>4</sup>, G. Guimarães<sup>5</sup>

<sup>1</sup> *Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, V.N. de Gaia, Portugal*

<sup>2</sup> *Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, Vila Nova de Gaia, Portugal*

<sup>3</sup> *Centro Hospitalar V.N. Gaia/Espinho, Psychiatry and Mental Health, V.N. Gaia, Portugal*

<sup>4</sup> *Centro Hospitalar de Vila Nova de Gaia/Espinho, Psychiatry and Mental Health, V.N. de Gaia, Portugal*