

ropathological changes in HIV infection. Noteworthy, our results also showed that neurocognitive profile of HIV patients differs from those cognitive alterations in patients with mild cognitive disorders associated to primary neurodegeneration. Together, our results point out that HIV infection generates neural changes even at early stages of infection. Furthermore, our results highlight the importance of a deep neurocognitive exploration at very early stages of HIV infection as this approach allow improve the accompaniment, clinical attachment and interventions.

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### EV0313

#### **Narratives, empathy concern and moral judgments in patients with HIV infection who decided not to tell about their diagnosis**

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Consistent with social-cognitive theory (Bandura 1994), adherence problems to treatments and difficulties to acceptance HIV diagnosis are linked with deficits in self-efficacy as well as problems in perceived social norms and behavioral intentions. In this study we have presented the beliefs and narratives of a group of recently diagnosed HIV patients who voluntarily decided not to tell to family or couples about their diagnosis. According to the patients' reports they believe they should not tell about their own physical condition. In a second approach, we have explored empathetic and moral behavior (by using a usual procedure used to keep track those cognitive domains) in this group of HIV patients and we compared that behavior with a group of healthy controls. Results revealed a particular and differential empathic concern, and discomfort sensitivity in HIV patients who no tell in contrast to healthy controls. Together, our results highlight the importance of exploring the reasons, fears, and the empathetic and moral determinants of those patients who not to tell about their diagnosis. Our results open a new door to explore new approaches to accompany patients with recent HIV diagnosis.

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### EV0314

#### **Study of vitamin D deficiency in depression patients-is it the reason for high rates of somatic presentation of depression?**

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**Introduction** Vitamin D receptor (VDR) is widely distributed in the human brain including areas that are assumed to be involved in the pathophysiology of depression. Vitamin D deficiency may cause physical symptoms like pain.

**Objectives** See if somatic presentation of depression has any correlate with vitamin D deficiency.

**Aims** To compare prevalence of vitamin D deficiency between depressed and non-depressed subjects and see if somatic presentation of depression has any correlate with vitamin D deficiency.

**Methods** Sixty diagnosed MDD patients consenting to participate in the study from a large private hospital selected, provided they were non-smoker, 18–65 years, free from chronic illness and not taking anti-depressant control (60 subjects) comprised of close family members of patients. FSC (functional somatic complaints) was assessed using local language version of Bradford Somatic Inventory (BSI), while severity of depression was assessed using HDRS-17. Based on the total score, FSCs are categorized into 3 grades (>40 'high, 26–40 'middle, and 0–25 'low' range).

**Results** Vitamin D status (deficiency: insufficiency: sufficiency) was 70: 30.0: 0.0% in depressed, which significantly worse compared to control subjects (55%: 25: 20%). Patients with higher BSI scores (i.e. more somatisation) showed non-significantly lower vitamin D level. These results were more prominent for female subjects.

**Conclusions** Vitamin D deficiency is more common in depression subjects, which might thus need to be looked for and treated. However, no significant link between somatisation and vitamin D deficiency could be established.

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### EV0315

#### **Self-efficacy of the psychotherapist in the context of supervision**

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**Introduction** In the context of the importance of psychotherapy in mental health care the aim of our study is to highlight the importance of supervision as an integral part thereof.

**Aim** We analyze the relationship between the assessment of the quality of supervision and the perceived self-efficacy of the psychotherapist as one of the antecedents of decision-making in the psychotherapeutic process. This framework is applied to an empirical study that focuses on psychotherapist's perception of clinical supervision in relationship to professional self-efficacy in the therapeutic process.

**Methods** The study was operationalized using the Manchester clinical supervision scale (MCSS), containing a demographic questionnaire, counselor self-efficacy scale–modified version. One hundred and twenty-five psychotherapists with supervisory experience participated in the research, including 67 trainees and 58 graduates of psychotherapy training.

**Results** The results show a positive relationship between effective supervision and self-efficacy ( $r=0.363$ ;  $\text{sig}=0.000$ ;  $n=125$ ). The participants who attributed higher ratings to supervision and supervision work alliance also assigned higher scores to perceived self-efficacy—although there is a significant relationship among the participants of psychotherapeutic training ( $r=0.444$ ;  $\text{sig}=0.000$ ;  $n=67$ ), this relation is not significant among the actual graduates. Based on modeling, rapport was discovered to be the most important predictor of supervision effectiveness assessment.

**Conclusions** The results support the merits of supervision in the education of psychotherapists and the importance of investing resources in its regular implementation.

**Keywords** Self-efficacy; Supervision; Psychotherapists in trainee; Graduate

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