

**Introduction** Failures in cognitive and behavioural inhibition are the core of mental disorders, but they are also part of everyday life. Research on Game Transfer Phenomena (GTP) has shown that images, sounds and thoughts from the game manifest, and involuntary actions toward game-related cues are performed, after playing. GTP is generally not associated with psychopathology, substance use, distress or dysfunction but a small number of gamers reported severe GTP (i.e. different types and frequently).

**Aim** Understand the underlying factors (e.g. medical conditions, drugs, problematic/gaming addiction) associated with experiencing several episodes of particular GTP (e.g. hallucinations).

**Methods** A total of 1,782 participants who experienced GTP “many times” or “all the time” was extracted from a larger sample recruited via an online survey. The 20 GTP-related items were categorized into: (i) hallucinations, (ii) distorted perceptions, (iii) dissociations, and (iv) urges/impulses.

**Results** Pearson’s Chi<sup>2</sup> test showed that: (i) 18–22-year-olds were more prone to experience several episodes of GTP and females were more susceptible to hallucinations; (ii) all four categories were associated with mental disorders and distress/dysfunction; (iii) drugs were associated with almost all categories with the exception of distorted perceptions; (iv) visual disorders were associated with hallucinations and dissociations; and (v) problematic/gaming addiction was associated with all categories except urges/impulses.

**Conclusions** The findings suggest that individuals with mental disorders are more prone to experience several episodes of GTP, which can lead to distress/dysfunction. Substance use appears relevant but not for all manifestations of recurrent GTP. The relation between gaming disorder and GTP requires further investigation.

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#### EW0464

### Shame feeling in the parents of children with diabetes mellitus

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**Introduction** Chronic diseases such as childhood diabetes mellitus constitute a challenge for both the affected children and their families. Childhood diabetes mellitus is characterized by complex therapeutic management and has a profound physical and psychological impact on the whole family and a number of losses for the parents.

**Aim and objectives** To recognize and quantify the factors affecting shame feelings for parents of children with diabetes mellitus.

**Method** A cross-sectional design was performed. A sample of 316 parents (110 men–206 women, mean age 40.6 years, SD=6.0 ranged 17–57) participated to the present study. The questionnaire included: (a) social-demographic characteristics, (b) The Other As Shamer Scale (OAS), (c) The Experience of Shame Scale (ESS). SPSS for Windows 20.0 was used for the statistical analysis.

**Results** Age and the place of residence of the parents, the duration and the severity of disease were identified as significant multivariate factors on internal and external shame.

**Conclusion** Feeling of shame consist a significant psychological burden of the parents with children suffering from diabetes mellitus. Screening for psychological distress in parents of children is indicated, and preventive interventions are needed, targeted according to the increased needs as suggested in the research results.

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#### EW0465

### The experience of shame in patients with chronic obstructive pulmonary disease (COPD)

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**Introduction** It is reported in global literature that Chronic Obstructive Pulmonary Disease (COPD) may cause a wide range of psychological effects, some of them not fully explored. The aim of this study is to investigate if patients with COPD experience intense feelings of shame.

**Objectives** To find differences in shame experience between males and females, and if there is a correlation of shame with other socio-economic factors.

**Method** Using the “Experience of Shame Scale” questionnaire (ESS) in 191 patients with COPD (104 men and 87 women) treated in Primary Health Care services in Greece.

**Results** Statistical analysis showed relatively low scores (M 39.5 sd 14.9) for the experience of shame in COPD patients. There is no statistically significant difference of shame for marital status, education level or disease stage. Statistically significant difference shown between males and females (bodily shame *P*: 0.001, total shame *P*: 0.031), and between smokers and those who quit smoking. (characterological shame: *P*: 0.007 behavioral shame *P*: 0.030, total shame *P*: 0.009). Also statistically significant difference appears for bodily shame among Body Mass Index (BMI) groups (*P*: 0.009) and economic status of the patients (*P*: 0.008).

**Conclusions** Patients with COPD seem to have not heavy burden with experience of shame. Any associations of shame with some patient groups are rather expected for cultural and social reasons.

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#### EW0466

### Deficits in mentalization predict suicide risk among psychiatric inpatients

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**Introduction** Suicide is a major public health issue.

**Objectives** Mentalization is a form of imaginative mental activity about others or oneself that may shed light on the phenomenology of suicide.

**Aims** To assess the role of a number of variables in suicide risk.

**Methods** Participants were 156 (73 men and 83 women) adult psychiatric inpatients (age range = 18/74 year). Most of the patients had a major mood disorder (26.3% BD-I, 3.2% BD-II, and 11.5% MDD), psychosis (16.7%), or a schizoaffective disorder (20.5%). All the patients were administered the Mini International Neuropsychiatric Interview (MINI) for assessing diagnosis and suicide risk, and the Impact of event scale, Mentalization Questionnaire, Childhood Trauma Questionnaire. Some patients (18.6%) were admitted for a recent suicide attempt and 34.6% had attempted suicide in the past.

**Results** At the MINI, 44.9% of the patients resulted at a moderate to high risk of suicide, and 55.1% at no or low risk of suicide with no difference for sociodemographic variables (sex and age) and diagnosis, but they differed for mentalization and symptoms of intrusions and avoidance caused by a traumatic event. Groups also did not differ for self-reported childhood trauma. Only mentalization was independently associated with higher suicide risk, and patients with moderate to severe risk of suicide were 1.7 times more likely to report more mentalization deficits than those with no or low risk of suicide.

**Conclusions** Our study supports the notion that the investigation of mentalization among patients may help in proper assessment of suicide risk.

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**EW0467**

### Effectiveness of treatment of young psychotic patients on psychotherapeutic inpatient unit

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**Introduction** The psychotherapeutic unit for psychotic patients in Psychiatric hospital Sveti Ivan, Zagreb, Croatia provides psychotherapeutic and psychosocial treatment for mostly young psychotic patients. Psychotherapeutic program has basically psychodynamic frame and patients participate in small and medium groups. Also, they participate in workshops based on cognitive behavioral principles (anti-stigma, self-concept, emotion, relationships, goals, stress), psycho-education, therapeutic community, work and occupational therapy, recreational therapy.

**Aim** The aim of this study was to determine effectiveness of this comprehensive program during hospitalization of individuals with first psychotic episode on psychotherapeutic ward. We evaluated the possible changes during treatment in attitudes towards drugs, in quality of life, insight and self-esteem.

**Methods** Participants were 37 individuals with first psychotic episode, average age: 25.1. They fulfilled: Drug attitude inventory (DAI-10), The World Health Organization Quality of Life (WHOQOL), Insight scale and Rosenberg's Self-Esteem Scale at the beginning of treatment and at discharge from the hospital.

**Results** Results show tendency of more positive attitude towards drugs at discharge, as well as tendency of better self-esteem, statistically significant more satisfaction with physical health ( $P=0.004$ ), psychological health ( $P=0.004$ ) and with environment ( $P=0.001$ ), and statistically significant better quality of life ( $P=0.000$ ). There was no significant difference in insight.

**Conclusion** During psychotherapeutic treatment of individuals with first psychotic episode, positive changes were observed. So, our findings indicate importance of implementing such a comprehensive program in treatment.

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

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**EW0468**

### Change in attitude towards psychotherapy in the course of clinical practice: Qualitative analysis of experience of students from various health care fields

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**Introduction** A stigmatizing attitude towards psychiatry and psychotherapy still prevails in Lithuania. It is evidenced by a variety of patterns, especially by a controversial social opinion about a person suffering from mental disorders.

**Objectives** To investigate the experiences of students in Psychiatry and General Practitioner Residency studies and those in Bachelor's and Master's degree programs of Psychology who during their clinical psychiatric practice joined a multi-professional team at the Stress Related Disorders Department as temporary members; and to analyse how their attitude towards psychotherapy changed in the process.

**Aims** To analyse students' feedback about their experiences and involvement into the activity of the multi-professional team at the Stress Related Disorders Department (day care) during their clinical psychiatric practice.

**Methods** Qualitative research methods based on phenomenological sociology were employed in the study. Students responded to five questions in writing during interview. Collected qualitative research material was analysed while applying content analysis.

**Results** Eighteen subthemes were obtained and they were matched with the following nine main thematic codes: (1) past, present, future; (2) difficult beginning: "birth"; (3) childbirth pain; (4) childhood challenges; (5) birthing team; (6) adulthood; (7) mourning; (8) joining the team; and (9) future prospect.

**Conclusions** Clinical psychiatric practice develops a multidisciplinary attitude towards psychiatry including both pharmaceutical and non-pharmaceutical treatment while using individual and group psychotherapy. Significant experience and attitude of health care students changed during clinical psychiatric practice as they acquired deeper understanding of the meaningfulness of psychotherapy.

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