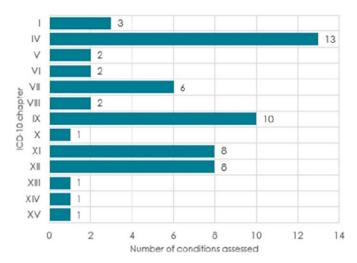
European Psychiatry \$907

#### Image 2:



<u>Image 2</u>. Conditions assessed in health checks according to ICD-10 classification.

**Conclusions:** The variety and amount of untreated chronic common diseases and specific somatic conditions related to psychiatric diseases/medications was substantial, and even for the GP hospitalists, time-consuming to handle. Cardiometabolic problems were the most prevalent of health concerns. GP hospitalists are one of the real-world solutions in improving the overall health of patients with severe mental illnesses, and in alleviating the heavy workload of treating psychiatrists.

Disclosure of Interest: None Declared

#### **EPV1277**

# Validity Evidence Based on the Content of the MAPS-B Cognitive Assessment Instrument

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Introduction: The MAPS-B is part of a project focused on the construction of instruments for cognitive assessment in the Brazilian population. Comprising eight subtests, MAPS-B aims to enhance understanding of cognitive functioning in individuals over 50 years old. The subtests assess autopsychic and allopsychic orientation, perception, naming, memory, praxis, visual and auditory focused attention, working memory, automatic language, inhibition, and semantic memory. Validity evidence is essential to ensure the safe use of new instruments in psychological assessments. Content-based validity evidence reflects the degree to which the instrument aligns with and adequately measures the construct of interest. Such evidence can be derived from expert judgment.

**Objectives:** To investigate the content-based validity evidence of the MAPS-B.

Methods: The analysis involved four judges with expertise in neuropsychological assessment, who completed a questionnaire on MAPS-B's subtests. The judges assessed the adequacy and clarity of the instructions and the relevance of each subtest for measuring the proposed construct, using a Likert scale (0 to 4). Space was also provided for comments and suggestions. Responses were analyzed using the Content Validity Index (CVI), calculated individually (CVI-I) and globally (CVI-T) for the instrument. A CVI score above 1 was considered acceptable (Yusoff, Education in Medicine Journal Int 2019; 51). Additionally, items with suggestions from the judges were qualitatively reviewed.

**Results:** Expert analysis indicated total agreement across all subtests, with individual and total CVI scores of 1, demonstrating adequacy in terms of relevance, clarity, and overall suitability. However, qualitative adjustments were suggested for two subtests assessing orientation and perception. Following analysis and consensus among the authors, modifications were made as shown in **Table 1**.

Table 1

| Original Item                       | Post-Judge Analysis Adjustment   |
|-------------------------------------|--|
| "What part of the day is it?"       | A note was added to the manual, allowing assessors to clarify the question by adding, 'What part of the day are we in? Morning, afternoon, or evening?'" |
| "What is your address?"             | A note was added to the manual specifying that correct answers may include just the street name and house number.  |
| "Mentally assemble it and name it." | Rephrased to "Can you mentally assemble the figure and name it?"   |

Conclusions: This study provides content validity evidence for the MAPS-B, showing that its subtests adequately represent the constructs being assessed. All items achieved satisfactory CVI scores in line with literature recommendations (CVI > 1), indicating agreement on item relevance and suitability. The qualitative suggestions from experts contributed to refining the MAPS-B. Although the current results are satisfactory for the instrument's proposed use, future studies are needed to gather further validity evidence and investigate the instrument's reliability.

Disclosure of Interest: None Declared

## **EPV1278**

## Study of Correlations between Cognitive Performance, Age, and Education in the MAPS-T Screening Test

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**Introduction:** The MAPS-T is a screening instrument currently under development in Brazil, designed for patients over 50 years of

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age and administered in a computerized format, either online or with assistance. Its purpose is to assess memory binding abilities, which involve integrating complex elements into unified representations, crucial for both short- and long-term memory. Conjunctive binding in short-term memory is responsible for the temporary retention of associations or combinations of features, such as color and shape. Screening instruments like the MAPS-T aim to be low-cost, quick, and non-invasive tools that provide indicators of potential clinical conditions.

**Objectives:** To investigate the relationship between performance on memory tasks involving binding and the variables age and educational level.

**Methods:** A total of 33 individuals aged between 50 and 78 years (M=62.09; SD=6.67) with 6 to 35 years of education (M=19.88; SD=5.63) were evaluated. Participants with reported neurological/psychiatric conditions or uncorrected sensory impairments were excluded. Data collection was conducted on a computer by a trained administrator in sessions lasting 15 minutes. The memory binding task required the recognition of a nameable figure and the color and geometric shape surrounding it. Data were analyzed using Spearman's correlation.

**Results:** Spearman's correlation coefficients indicated that age did not show a significant correlation with total recognition, binding score, or dichotomous score (p > 0.05), suggesting that this variable does not have a relevant association with performance in these scores. In contrast, education demonstrated a moderate and significant correlation with total recognition, binding score, and dichotomous score (p < 0.05), suggesting that more years of education are associated with better performance in these areas.

### **Descriptive Statistics**

|  | N              | Minimum    | Maximum     | Mean             | Std.<br>Deviation |
|--|----------------|------------|-------------|------------------|-------------------|
| age education_level_years Valid N (listwise) | 33<br>33<br>32 | 50,00<br>6 | 78,00<br>35 | 62,0909<br>19,88 | 6,67254<br>5,628  |

|  |                            | Age  | education_level_years |
|--|----------------------------|------|-----------------------|
| MAPS-T - total_<br>recognition<br>_phase_2 | Correlation<br>Coefficient | ,194 | ,431*                 |
|  | Sig. (2-tailed)            | ,280 | ,012                  |
|  | N                          | 33   | 33                    |
| MAPS-T -<br>binding_score                  | Correlation<br>Coefficient | ,198 | ,383*                 |
|  | Sig. (2-tailed)            | ,268 | ,028                  |
|  | N                          | 33   | 33                    |
| MAPS-T -<br>dichotomous_<br>score          | Correlation<br>Coefficient | ,181 | ,406*                 |
|  | Sig. (2-tailed)            | ,313 | ,019                  |
|  | N                          | 33   | 33                    |

**Conclusions:** Education showed a positive and consistent association with performance across all test measures (total recognition, binding score, and dichotomous score). Age, in turn, did not show a significant correlation with these variables, indicating that, in this

sample, education is a more important factor than age in explaining performance on the MAPS-T scores, particularly in the binding stage.

Disclosure of Interest: None Declared

#### **EPV1279**

Self-protective behaviours to protect against coronavirus-19 infection and their association with Perceived Infectability, Germ Aversion and Fear of COVID-19 among South African learners

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Introduction: COVID-19 wreaked havoc across the world killing millions along its path. All attempts were made to lower and eventually control the death toll from the pandemic. The "trace, test and treat" approach had its limits since the latter were not developed fast enough. Vaccines were seen as the best hope to protect individuals from the coronavirus and COVID-19. Thus, vaccination was encouraged and promoted widely. Aside from vaccines, interventions emphasised non-pharmaceutical self-protective behaviours to protect against coronavirus infection. Subsequently, there were various levels of compliance and observance of self-protection within nations. Yet studies have not attempted to explore the research implications of compliance patterns.

**Objectives:** The present study's aim was to (i) identify latent classes of individuals' varying levels of compliance with COVID-19 self-protective behaviours; and (ii) explore the capacity of the latent classes to separate individuals according to their levels of Perceived Infectability, Germ Aversion and Fear of COVID-19.

**Methods:** Data for the current study was extracted from a cross-district COVID-19 study conducted among *high school level learners* (N = 1609; girls = 59%;  $rural\ areas = 43\%$ ) in South Africa. Latent classes were derived based on the scores obtained by learners on a self-developed index of non-pharmaceutical self-protective behaviours. Three classes were identified, and they were compared against their obtained Perceived Infectability, Germ Aversion and Fear of COVID-19 scores.

**Results:** Scores of all three knowledge groups did not differ on Perceived Infectability (p > .05), but the highest scorers, the "knowledgeable group", scored higher than the "moderately knowledgeable group" and the "relatively low knowledge group" on Germ Aversion and Fear of COVID-19. The scores of the "moderately knowledgeable group" and the "relatively low knowledge group" did not differ on the Fear of COVID-19.

**Conclusions:** The study supports an approach where learners are classified according to their knowledge of COVID-19 self-protective behaviours, and their motivation for self-protection established according to the classification.

Disclosure of Interest: None Declared