

Objectives and methods In the framework of the EU-funded project “EU-Madness”, we collected and analysed all the reports of drug-related fatalities in Ibiza from January 2010 to September 2016, with the aim of characterising the sample, and identifying the involved substances and the nature of deaths associated with their consumption.

Results Overall, 58 drug-related fatalities were registered from 2010 to September 2016 (87.9% males, 12.1% females, mean age 33.16; females were significantly younger than males). Most of the deceased were Britons (36.2%), followed by Spanish (22.4%), Italians (6.9%) and Germans (5.2%). In half the cases, the substance identified in post-mortem analyses was a stimulant; in 24.1% of the sample it was a depressor a prescription drug or more than two substances in 22.4%. Most of the fatalities were due to cardiovascular accidents (62%); 22.4% were deaths by drowning, 12% by fall from heights and 3.4% were due to mechanical asphyxia.

Conclusions According to the results from our sample, stimulants (mainly MDMA and cocaine) are the substances of abuse involved in most drug-caused fatalities. The number of fatalities per year has been steadily increasing, but the growing diffusion of novel psychoactive substances (NPS) does not seem to be a direct cause (although better methods of their analysis in post-mortem samples should be designed).

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.252>

0031

Validation of the Italian version of the “abnormal bodily phenomena questionnaire” in a sample of patients with schizophrenia: Preliminary data

M. Chieffi*, D. Palumbo, S. Patriarca, G. Plescia, V. Montefusco, D. Pietrafesa, A. Mucci, S. Galderisi

University of Naples SUN, Psychiatry, Naples, Italy

* Corresponding author.

Introduction The abnormal bodily phenomena questionnaire (ABPq) originates from the analysis of clinical files of more than 350 patients with schizophrenia. It consists in a semi-structured interview created to evaluate the subjective anomalies in feelings, sensations, perceptions and cognition in the domain of the lived body.

Objectives The present study is aimed at providing preliminary data for the validation of the Italian version of the ABPq.

Methods The ABPq was translated and adapted into Italian. ABPq scores were correlated to those obtained by the schizophrenia proneness instrument, Adult version–body perception disturbances (SPI-A E, body) that evaluates the same kind of phenomena, in order to examine its convergent validity. Moreover, ABPq was correlated to psychopathological domains assessed by the Positive and Negative Syndrome Scale (PANSS) and by the Brief Negative Symptom Scale (BNSS).

Results The experimental sample included 40 clinically stable patients. Our findings showed a strong correlation between ABPq and SPI-A E, body. An association of ABPq total score with the positive and disorganized dimensions was also observed.

Conclusions Our preliminary data suggest that the Italian version of ABPq has a good convergent validity. The presence of abnormal bodily phenomena resulted to be associated to a greater severity of the disease and therefore it could be hypothesized that they represent an indicator of clinical severity.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.253>

0032

The longitudinal effects of experiential avoidance on depression symptoms in patients with inflammatory bowel disease

I.A. Trindade*, C. Ferreira, J. Pinto-Gouveia

Faculty of Psychology and Education Sciences - University of Coimbra, CINEICC - Cognitive Behavioural Centre for Research and Intervention, Coimbra, Portugal

* Corresponding author.

Inflammatory bowel disease (IBD) has been vastly associated with the development of depression and it is thus considered that the mechanisms that underlie this link should be explored. The present study aimed to examine the longitudinal effects of IBD symptoms and a maladaptive emotion regulation process, experiential avoidance (defined as the tendency to attempt to control internal experiences), on depression symptoms. The sample comprised 116 IBD patients of both sexes that completed validated self-report measures on an online platform in three different times (equally spaced 9 months apart) during an 18-month period. Results demonstrated that IBD symptomatology at baseline was linked to experiential avoidance and depressed mood 9 and 18 months later. The level of experiential avoidance at baseline was also correlated with the subsequent experience of depression symptoms, 9 and 18 months later. Results also revealed that, although IBD symptomatology at baseline predicted depressive symptomatology 18 months later ($\beta = 0.24$; $P = 0.008$), when experiential avoidance at baseline was added to this model, this process became the only predictor of the outcome ($\beta = 0.60$; $P < 0.001$; $R^2 = 0.41$). These results corroborate previous literature by indicating that IBD symptomatology may lead to depression symptomatology. Nevertheless, the current study additionally revealed that the engagement in experiential avoidance – that is, in attempts at controlling the frequency, form or intensity of internal experiences – might have a greater role on the determination of patients' depressed mood than the experience of adverse physical symptomatology. Maladaptive forms of emotion regulation in IBD patients should be targeted to prevent depression symptoms.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.254>

0033

Confirmatory factor analyses of the Portuguese version of the Maudsley obsessional-compulsive inventory

J. Silva Ribeiro^{1,*}, A.T. Pereira², M.J. Martins², V. Nogueira², M.J. Soares², A.P. Amaral^{2,3}, A. Macedo^{1,2}

¹ Centro Hospitalar e Universitário de Coimbra, Centro de Responsabilidade Integrado de Psiquiatria e Saúde Mental, Coimbra, Portugal

² Faculty of Medicine- University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

³ Institute Polytechnic of Coimbra, ESTESC-Coimbra Health School, Coimbra, Portugal

* Corresponding author.

Introduction The Maudsley obsessional-compulsive inventory (MOCI) is a widely used self-report measure of obsessive-compulsive symptoms in clinical and non-clinical populations, both in research and clinical settings. Nogueira et al. confirmed in 2011 that the MOCI Portuguese version has good psychometric properties, having a factorial structure that is in accordance with those reported by other groups.

Aims Based on the previous results of exploratory factor analysis with a Portuguese students sample, the present study aimed to

perform a confirmatory factor analyses (using Mplus software) to verify if the three dimensions' structure fitted the data.

Methods The sample comprised 234 students on their first three years of college education (78.2% female), between 18–26 years old ($M=20.55$; $SD=1.66$). Participants filled the Portuguese version of the MOCI.

Results Our results showed that the MOCI Portuguese version with original 3-factor structure has a good fit ($\chi^2_{(227)}=386.987$, $P<.05$; $RMSEA=0.053$, $90\%CI=0.044-0.062$; $CFI=0.928$; $TLI=0.920$; $WRMR=1.089$). Good reliability was found for all subscales (Cronbach alpha $<.80$).

Conclusions The MOCI Portuguese version reliably and validly assesses three OC symptom dimensions in young adults. Further research is needed to confirm this structure in Portuguese clinical samples.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.255>

0034

What antipsychotic is more effective? Pafip three years longitudinal study comparing haloperidol, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole

M. Gomez Revuelta^{1,*}, P. Alonso Alvarez², J.L. Garcia Egea³, M. Juncal Ruiz², O. Porta Olivares², L. Sanchez Blanco⁴, D. Abejas Diez⁴, G. Pardo de Santayana Jenaro⁴, R. Landera Rodriguez²

¹ Hospital Universitario de Álava-Sede Santiago- Vitoria-Gasteiz- Spain, Psychiatry, la Penilla, Spain

² Hospital Universitario Marques de Valdecilla, Santander, Spain, Psychiatry, Santander, Spain

³ Hospital Universitario Virgen Del Rocío, Psychiatry, Sevilla, Spain

⁴ Hospital Universitario Marques de Valdecilla, Psychiatry, Santander, Spain

* Corresponding author.

Introduction Early stages after a first psychotic episode (FEP) are crucial for the prognosis of the disease. Those patients who drop out of treatment after a FEP show a significant increase in their vulnerability to relapse. Relapses associated a greater risk of neurotoxicity, chronicity, hospitalization, decrease of response to the treatment, increase of burden and functional decline.

Objectives To determine what antipsychotic is more effective in the prevention of relapse after a first psychotic episode.

Material and methods PAFIP is an assistance program focused on early intervention in psychosis. Between January 2001 and January 2011, 255 patients were recruited and randomly assigned to treatment with haloperidol ($n=48$), olanzapine ($n=41$), risperidone ($n=44$), quetiapine ($n=34$), ziprasidone ($n=38$) and aripiprazole ($n=50$). We compared the rates of relapse and remission reached by haloperidol, olanzapine, risperidone, aripiprazole, ziprasidone and quetiapine during a 3-year follow-up. All of the patients were antipsychotic naives at the beginning of the treatment.

Results There were no statistically significant differences in regard to the rate of clinical remission. Patients assigned to the groups of aripiprazole, olanzapine and risperidone presented a solid trend to a significantly inferior rate of discontinuation for any reason since the beginning of the treatment.

Conclusions These data point to a greater protection against relapse and a likely better prognosis related to the use of aripiprazole, Olanzapine and risperidone.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.256>

0035

Predictors of sleep difficulties in college students

A. Paula Amaral^{1,2,*}, M. João Soares¹, A.T. Pereira¹, M. Bajouco¹, B. Maia³, M. Marques¹, J. Valente¹, A. Macedo¹

¹ Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal

² Institute Polytechnic of Coimbra, ESTESC, Coimbra Health School, Coimbra, Portugal

³ Faculty of Philosophy and Social Sciences - Catholic University of Portugal, Braga Regional Centre, Braga, Portugal

* Corresponding author. Faculty of Medicine, University of Coimbra, Psychological Medicine, Coimbra, Portugal.

Introduction College students are known for their variable sleep schedules. Such schedules, along with other common student practices are associated with poor sleep hygiene. The persistence of the precipitating stressor is one of the factors involved in the persistence of insomnia.

Aims To examine the role of the perceived stress, perseverative thinking, strategies of cognitive emotion regulation and negative affect as predictors of sleep difficulties.

Methods The sample comprises 549 college students.

Measures PSS-10, PTQ, CERQ and POMS-58. Three questions were used to access difficulties in initiating sleep (DIS), maintaining sleep (DMS) and early morning wakening (EMA). A Sleep Difficulties Index (SDI) was calculated by summing DIS, DMS and EMA scores.

Results In total sample, the multiple linear regression explained 27.7% of the SDI total variance ($R^2=.277$, $F(9, 375)=15,942$, $P<.0001$). The significant predictors of the total variance of SDI were perceived distress ($B=.246$, $P=.0001$), repetitive thought ($B=.189$, $P=.005$), cognitive interference and unproductiveness ($B=-.188$, $P=.006$), rumination ($B=.130$, $P=.044$) and negative affect ($B=.156$, $P=.018$).

Conclusions Preventive interventions focused on predictor factors (perceived stress, perseverative thinking, rumination and negative affect) should be considered in order to promote better mental health in college students.

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

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.257>

0036

Ultra high risk status and transition to psychosis in 22q11.2 deletion syndrome

M. Armando^{1,*}, M. Schneider², M. Pontillo¹, S. Vicari¹, M. Debbane³, F. Schultze-Lutter⁴, S. Eliez⁵

¹ Ospedale Pediatrico Bambino Gesù, Neuroscience, Roma, Italy

² Center for Contextual Psychiatry, Neuroscience, Leuven, Belgium

³ Developmental Imaging and Psychopathology Lab, Geneva, Switzerland

⁴ University hospital of child and adolescence psychiatry and psychotherapy, University hospital of child and adolescence psychiatry and psychotherapy, Bern, Switzerland

⁵ Department of Genetic Medicine and Development, School of Medicine, Department of Genetic Medicine and Development School of Medicine, Geneva, Switzerland

* Corresponding author.

The 22q11.2 deletion syndrome (22q11DS) is characterized by high rates of psychotic symptoms and schizophrenia, making this condition a promising human model for studying risk factors for psychosis. We explored the predictive value of ultra high-risk (UHR) criteria in a sample of patients with 22q11DS. We also examined the additional contribution of sociodemographic, clinical and cognitive variables to predict transition to psychosis within a mean interval of 32.56176 months after initial assessment.