

Conclusions: In conclusion, anxious-depressive symptoms are prominent in FES and at the initial entry into EIP programs. Anxious-depressive symptom severity tends to diminish overtime, especially with the provision of specialized EIP treatments. However, since we did not have a control population studied in parallel, we cannot say whether these results are specific to the protocols of EIP programs or just to the intensity of engagement in care.

Disclosure of Interest: None Declared

EPP0053

Psychological immunity: A new mental health test for psychiatric samples

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Introduction: The Mental Health Test serves as the operationalized, comprehensive measurement of Maintainable Positive Mental Theory which defines mental health (for either the non-clinical or psychiatric population) as a high level of global well-being, psychological, social and spiritual functioning, resilience, effective creative and executive functioning, savoring capacities, coping and enjoyment, regardless of the presence or absence of symptoms of psychopathology.

Objectives: To assist psychiatrists and clinical psychologists to assess their patients' psychological immune competence-based capacities and resources, depending on the mental health disorder diagnosis and the severity of the symptoms, the present study examined the psychometric properties of the Mental Health Test in a psychiatric sample.

Methods: The research was carried out in four Hungarian health-care facilities using a cross-sectional design. A total of 331 patients (140 male, 188 female, and 3 who preferred not to disclose their gender) completed the Mental Health Test, six well-being and mental health measures, and the Symptom Checklist-90. Clinical psychologists reported the mental disorder status of each participant.

Results: Confirmatory factor analysis showed a good fit of the five-factor model to the data for the clinical version of the Mental Health Test (CFI = 0.972, RMSEA = 0.034). High internal consistency coefficients (α : 0.70–0.84; ω : 0.71–0.85) and excellent external and content validity were reported. The Mental Health Test was not sensitive to sociodemographic indicators but was sensitive to correlates of well-being and symptoms of mental disorders in a psychiatric sample. Regression analyses demonstrated that unipolar depression and number of mental disorders were related to a lower overall Mental Health Test score. Personality disorders, unipolar depression, and the greater severity and higher number of mental disorders were associated with a lower global well-being score. Unipolar depression was related to lower savouring capacity. Self-regulation showed a correlation with the self-reported number of mental disorders only. Anxiety and somatization disorders, unipolar depression, and a higher number of self-reported mental disorders were related to a lower psychological resilience score. The regression model for the creative and executive efficiency subscale did not fit our data. The interaction of all combinations of psychotherapy and pharmacotherapy was significantly related to the overall Mental Health Test score and to the subscales. These results can later serve as a basis for designing intervention studies.

Conclusions: Our preliminary findings suggest that the Mental Health Test is a suitable measure for assessing mental health capacities and resources in psychiatric samples.

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EPP0054

Premenstrual dysphoric disorder—an undervalued diagnosis? Preliminary results of a prospective study on Hungarian women

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Introduction: The premenstrual dysphoric disorder (PMDD) is a new distinct diagnostic entity in the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, the severe premenstrual (PM) symptoms associated with PMDD result in functional impairment, globally, it remains highly underdiagnosed, underscoring the need for enhanced clinical recognition.

Objectives: This ongoing study aims to assess the prevalence and symptom profile of PMDD in a sample of Hungarian women. It is part of a comprehensive research process aiming to validate a prospective PMDD diagnostic questionnaire (Daily Record of Severity of Problems, DRSP) in order to facilitate the diagnosis of the disorder.

Methods: The study was performed in three steps. Firstly, retrospective data were collected from 112 women. Probable PMDD was assessed using the DSM-5 Based Screening Tool, while anxious-depressive symptoms and well-being were evaluated using the Beck Depression Inventory, the state subscale of the State-Trait Anxiety Inventory, and the WHO Well-Being Scale. Subsequently, prospective data were obtained from 9 women who completed the