EW0359

Validation and test-retest reliability of facial expressions basic emotions of baby stimulus

M. Donadon^{1,*}, R. Martin Santos², F. De Lima Osório³

- ¹ Neuroscience and Behavior, Medical School at Ribeirao Preto, Ribeirao Preto, Brazil
- ² Universidade Autonoma de Barcelona, Barcelona, Spain
- ³ Neurosciências e Ciências do comportamento, Faculdade de Medicina de Ribeirão Preto, Ribeirão Preto, Brazil
- * Corresponding author.

Introduction Emotional facial expression paradigms of adults have been very used in the literature; however, studies with baby's emotional faces are very few.

Objectives To study the psychometric validity and reliability of a series of basic emotions faces of babies stimuli.

Methods We used 72 photographs of 12 baby faces (6–12 months), both sex and different ethnic groups, expressing basic emotions (happiness, sadness, fear, anger, surprise and neutral) elicited in the laboratory by pre-task defined. A total of 119 subjects of both sexes (63% women) in different age groups (18–65 years) and ethnicities, were invited to evaluate the facial emotional stimuli presented by the computer program SuperLab. They should choose the emotion represented by the photograph. Furthermore, 31 subjects were randomly selected to perform a test-retest assessment after an interval of 20 days.

Results It was observed that 35 stimuli presented hit rate exceeding 70% and 11 between 60% and 50%. The facial emotion of happiness was the most easily recognized, while fear was associated with the lower success rates. Only seven stimuli presented a hit rate lower than 20% (fear). All stimuli, except for one, showed a good reliability test/retest (McNemar test > 0.05).

Conclusion The study offers a series of baby emotional facial stimuli with good validity and reliability for research setting. However, the 30% of stimuli without satisfactory success rate may be problems with stimuli or stimulating task, as it becomes difficult to distinguish the emotion face on the baby.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2229

EW0360

Does hikikomori exist in Ukraine?

I. Frankova

Psychosomatic medicine and psychotherapy, Bogomolets National Medical University, Kyiv, Ukraine

Introduction The term "Hikikomori" refer to the modern phenomenon–severe (acute, prolonged) social withdrawal (SSW). Recently, there have been increasing reports of Hikikomori around the globe, Ukraine is not an exception.

Objectives To describe epidemiological and psychopathological features of Hikikomori from Ukraine.

Methods Hikikomori was defined as a six-month or longer period of spending almost all time at home, avoiding social situations, social relationships, associated with significant distress/impairment. Lifetime history of psychiatric diagnosis was determined by the M.I.N.I. 7.0. Additional measures was Alexithymia Scale (TAS-20), Life experience questionnaire (LEQ), Buss-Durkee Hostility Inventory (BDHI), Chaban quality of life scale (CQLS).

Results In total, 65.4% of Hikikomori group (HG, n=26) had at least one psychiatric diagnosis, 34.6% had not. Personality disorders (15.4%), PTSD (11%), MDD (7.7%), SAD (7.7%), OCD (7.7%), bulimia nervosa (3.8%) were the most common. Onset of SSW in 41.7% started before 18 y.o. Healthy individuals formed the control group (CG, n=25). Individuals with Hikikomori had high

level of alexithymia (TAS-20 M = 71, SD = 11.6 vs. M = 60.8 SD = 13.8, P=0.006). Childhood trauma was reported by 31.8% of CG vs. 52% of HG. Hikikomori had higher trauma index (LEQ M = 3.03, SD = 0.98 vs. 2.31, SD = 1.1, P=0.019), larger number of lifespan traumatic events (LEQ 95%CI 4.57–7.35 vs. 2.8–5.28, P=0.039); higher levels of irritability, resentment, suspiciousness, higher aggressiveness (BDHI M = 23, SD = 6.4 vs. M = 16.6, SD = 6, P=0.001), low quality of life (CQLS M = 12.4, SD = 3.3, P ≤ 0.001).

Conclusion Hikikomori exist in Ukraine, SSW quantitatively and qualitatively related to childhood trauma, manifests in adolescence, can be characterized by defined psychopathological features and affects quality of life.

Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2230

EW0361

Analysis of the factors affecting stigmatization and attitudes toward depression in young and elderly patients

G.Z. Kamış^{1,*}, O. Erden Aki¹, İ. Yıldız², A. Dolgun³

- Hacettepe University, Department of Psychiatry, Ankara, Turkey
 Private Madalyon Psychiatry Outpatient Clinics, Psychiatry, Ankara,
- ³ Hacettepe University, Department of Biostatistics, Ankara, Turkey * Corresponding author.

Objectives Depression is a frequently seen but under-recognized and under-treated syndrome in community. Stigmatization is an important barrier for care-seeking and treatment.

Aims In this study, we aimed to investigate the relationship of sociodemographic factors and attitudes towards depression between young and old age groups in a clinical population.

Method A total of 133 patients (18–88 years old, n = 37 old-age group, n = 96 young-age group) with a diagnosis of depression were recruited in this study. All the patients were evaluated with a semi-structured clinical interview and using stigmatization scales.

Results As young and old age groups compared, RHIDO total scores, RHIDO alienation sub-scale scores, social withdrawal sub-scale scores, and resistance to stigmatization subscale scores were found to be higher in young-age group than old-age group. Except working status, other sociodemographic factors were not found to have any effect on the scores of stigmatization scales.

Regarding the clinical features; number of episodes, comorbid physical disorders and time since first admission had an effect on RHIDO total and subscale scores. Negative attitudes towards depression were seen to be common in all the subjects, but no statistically significant difference was found between young and old age groups.

Conclusion Stigmatization is very common also for depression, and it is found to be related to different features including age, working status, and time since first admission. In order to help for decreasing the negative attitudes and increasing the help seeking behavior, some interventions should be conducted both in psychiatry clinics and society.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2231

EW0362

Using culture to enhance mental health in a northern Canadian aboriginal population

B. Mainguy*,1, L. Mehl-Madrona²

1 Coyote Institute, Education, Orono, USA