

mixed design has been used to test the relation between groups and different sequence of administration.

Results We have found no consistent differences in PID-5 scores using the different types of instruction described above.

Conclusions In our sample, PID-5 seems to reflect strong beliefs of a subject regardless of symptoms' duration and could be reliably used with both types of instruction. The PID-5 represents an appropriate instrument for the assessment of maladaptive PTs.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.512>

EW395

Perfectionism, cognitive emotion regulation and perceived distress/coping

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Introduction Perfectionism and cognitive emotion regulation (CER) mechanisms have been associated with perceived stress/coping, negative affect (NA) and mental problems. Comparatively, the correlates of Positive Affect (PA) have been less studied.

Aim To compare Perfectionism, CER and Perceived distress/coping by groups with different levels of NA/PA.

Methods A total of 344 medical students (68.4% girls) completed the Hewitt & Flett and the Frost Multidimensional Perfectionism Scales (H&F-MPS/F-MPS), the Profile of Mood States, the Perceived Stress Scale, and the Cognitive Emotion Regulation Questionnaire.

Results The subjects with high NA, when compared to those with low NA, showed significant higher levels of Evaluative Concerns (EC), Positive Striving (PStr), of H&F-MPS/F-MPS total and dimensions scores (excluding Organization) of Rumination, Blaming others, Self-blaming, Catastrophizing and Perceived distress (all $P < 0.01$). They also revealed lower levels of Positive reevaluation and planning; Positive refocusing, Putting into perspective and Perceived coping (all $P < 0.01$). The subjects with high and medium levels of PA, when compared to the subjects with low PA, showed significant lower levels of Perceived distress, EC, Socially-Prescribed Perfectionism, Doubts about action, Concerns over Mistakes, (all $P < 0.01$), Self-Oriented Perfectionism, PStr ($P < 0.01$, $P < 0.05$, respectively) and higher levels of Perceived coping, Positive reevaluation and planning, Positive refocusing, Putting into perspective (all $P < 0.01$) and Acceptance ($P < 0.01$, $P < 0.05$, respectively).

Conclusions NA is associated with perfectionism, high maladaptive and low adaptive CER, and also with high Perceived distress/low coping, which might increase the subject's vulnerability to psychopathology. Low perfectionism, high adaptive CER and perceived coping are associated with PA and might be protective factors.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.513>

Post-traumatic stress disorder

EW397

Negative emotions and threat perception in narratives from battered women

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Introduction Trauma narratives contain a lot of emotion words, in comparison with narratives about other autobiographical memories. Negative emotion's words, as well as words about death (as an indicator of threat perception), have been associated to a worse adjustment after trauma. However, the different kind of negative emotions reported have been rarely explored. Also, in violence victims, the use of words about abuse might indicate threat perception.

Objectives Analyzing the use of negative words and threat perception (death and abuse words) in trauma narratives from 50 battered women, compared with stressful narratives from 50 non-traumatized women, and positive narratives. The relationship between narratives aspects and symptomatology is explored.

Aims Exploring differences in emotions and threat perception related to psychological functioning after trauma.

Methods Battered women were asked to remember the worst violence episode, whereas non-traumatized women narrated their most stressful experience. Both groups remembered also a neutral and a positive episode. LIWC software was used to calculate the percentage of different words used.

Results Anger was the most used negative emotion. Anger and sadness words were more reported in stressful and trauma narratives than in positive ones. There were differences between groups in the use of death and abuse words. Anger and abuse words were associated to anxiety and depression, but not PTSD symptoms. Death words were related to a better functioning.

Conclusions This study evidences the need to explore the role of different negative emotions in the posttraumatic adaptation. Also contextual aspects involved on threat perception must be considered.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.515>

EW398

Gender differences in medical and psychiatric comorbidities in patients with posttraumatic stress disorder

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Introduction PTSD is associated with medical and psychiatric comorbidities. Less is known regarding differences in PTSD comorbidities and service use by gender.

Objectives To examine variations in comorbidities for PTSD by gender and implications for quality of care.