

Results Seven nurses have voluntarily chosen their profession and the others are not. Nurses' sociotropy levels were 59.2 ± 22 . Sixteen and autonomy levels were 83.9 ± 22.41 . According to the results of the MWU test ($U = .0 P < .05$), anxiety about disapproval of eight undergraduate nurse ($MR = 4.5$) is lower than two graduated from health school nurse ($MR = 9.5$). Five nurses stated that nursing is appropriate for their personal character. Six nurses stated that nursing influenced the positive development of personal character. With content analysis, similarities and differences between nursing identity and social identity, optimal behaviour in expressing feelings of nurses and emotional habitus themes were reached.

Conclusions Nurse habitus is developed by both of individual and structural factors which are complex and diversity. So, it affects nurses' career and motivation to provide services. That the researcher assesses them from this aspect affects positively the quality of care.

Keywords Nurse; Nursing; Emotional habitus; Sociotropy-autonomy; Personality feature

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Further validation of the driver behaviour questionnaire – confirmatory factor analysis in a Portuguese sample

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Introduction The drivers are a central component of traffic system, and their limitations, constraints, needs, motivation, level of alertness, and personality define their behaviours on the road. Understanding the determinants of the driver's behaviour is crucial to find solutions for the serious problem of road accidents.

Objective This study aims to investigate the reliability and the construct validity of the Portuguese version of the driver behaviour questionnaire (DBQ; Reason et al., 1990; Portuguese version: Correia, 2014), using exploratory and confirmatory factor analysis (EFA and CFA) in a sample of Portuguese population.

Methods Participants answered an online survey including socio-demographic questions and the DBQ. Inclusion criteria were: driving license and regular driving for at least three years and age lower than 75-years-old. The sample is composed of 747 participants [417 (55.8%) women; mean age = 42.13 ± 12.349 years; mean driving license years = 21.30 ± 11.338 ; mean years of regular driving = 20.33 ± 11.328]. The total sample was randomly divided in two sub-samples. Sample A ($n = 373$) was used to EFA and sample B ($n = 374$) was used to CFA.

Results The most acceptable model was the three-factor model found with EFA, excluding items 1 and 24 ($\chi^2/df = 2.01$; TLI = .86; CFI = .88; RMSEA = .05, $P = .315$). The internal consistency analysis resulted in: infractions and aggressive driving, $\alpha = .77$; non-intentional errors, $\alpha = .73$; lapses, $\alpha = .71$; total DBQ score, $\alpha = .84$.

Conclusions These results suggest that the Portuguese version of the DBQ is a valid and reliable measure to assess self-reported driver behaviour in the Portuguese population.

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

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Steroid-induced psychiatric syndromes: A case report and a review of the literature

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Introduction Glucocorticoids are widely prescribed for a variety of diseases and are known to cause neuropsychiatric as well as somatic side effects.

Objective To review the incidence, clinical characteristics, course and treatment of neuropsychiatric effects of glucocorticoids.

Aim We have described the case of a 86-year-old woman. She had no personal and no psychiatric medical history in her family. She presented wrist arthritis requiring high doses of an oral corticoid treatment (prednisona 20 mg/d). After a week, she started with symptoms characterised by persecutory and surveillance delusions. Organicity was ruled out. The patient got a progressive recovery after starting anti-psychotic medication and progressive reduction of the steroid drugs.

Methods We have performed a literature review of the neuropsychiatric complications of glucocorticoids using the PubMed database.

Results Neuropsychiatric effects of glucocorticoids involve affective, behavioural, and cognitive manifestations. The incidence is variable, between 2 and 60% of patients who receive steroids. Although the effects of glucocorticoids are unpredictable, the administered dose is the most significant risk factor for the development of neuropsychiatric symptoms. Dosage reduction typically results in clinical recovery. Although the limited data on this subject, it is a problem that clinicians face on their regular basis. The administration of anti-psychotics or mood stabilizers may be beneficial in the prevention and treatment of this syndrome.

Conclusion The neuropsychiatric effects of glucocorticoids are unpredictable and non-specific. More controlled trials are needed in order to perform evidence-based clinical guidelines for the treatment with glucocorticoids and for the prevention of neuropsychiatric manifestations.

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Quality of life related to the health and socio-economic resources of the elderly

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Introduction Aging is a very heterogeneous and dissimilar process, full of asymmetries. There is evidence that socio-economic differences determine disadvantages and inequalities in old ages. Older people face particular inequalities in healthiness especially with more complex and vulnerable long-term conditions, being more likely to need support from social care services.

Aim To evaluate the quality of life (well-being) related to the health of the elderly according to socio-economic indicators.

Method Cross-sectional quantitative study was performed. A total of 316 elderly people ($M = 74.78$; $SD = 9.78$ years of age) was interviewed with the Portuguese version of the EQ-5D-3L scale for health-related quality of life.

Results The interaction between income and the type of residential follow-up (alone vs. accompanied) was not statistically significant [$F(2,310) = .910$, $P < .407$; $\eta^2 = .006$]. Differences in health status index were statistically significant for income [$F(2,310) = 5.518$, $P < .004$; $\eta^2 = .034$]. Post-hoc comparisons indicated that the mean score for those with insufficient income for their expenses ($M = .39$, $SD = .27$) was significantly different from those with income reaching their expenses ($M = .50$, $SD = .25$) as well as those with income covering their expenses sufficiently ($M = .60$, $SD = .21$). The main effect for the type of follow-up (alone vs. accompanied) did not reach statistical significance [$F(2,310) = .224$, $P < .636$, $\eta^2 = .672$].

Conclusions Income has an impact on health-related quality of life. Health in aging as a social phenomenon is not neutral to economic differences and is exposed to these structural disadvantages.

Keywords Quality of life; Well-being; Health; Aging

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EV0893

Alexithymia and coping strategies among medical students

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Introduction University life is stressful for the student, which is characterized by disturbed emotional regulation or alexithymia. To face these stressful events he must use certain coping strategies.

Objectives Studying the prevalence of alexithymia and exploring coping strategies among medical students, and establish the relationship between these parameters.

Methods It was a cross-sectional study of 97 students in Sfax university medicine (Tunisia). We used:

- a questionnaire containing demographic and clinical data;
- Toronto alexithymia Scale (TAS-20): a score ≥ 61 indicates alexithymia;

- WCC (Ways of Coping Checklist-r Folkman) with 3 factors: problem-focused, emotion-focused and social support coping.

Results The average age of participants was 24.07 years (± 2.71); the sex ratio (M/W) was 0.4. They were smoking in 36.1% and sedentary in 43.3% of case. They had a nibbling activity in 57.7%. The average score of TAS-20 was 50.92 10.46 and alexithymia was found in 16.5% of students. Alexithymia was significantly correlated with smoking ($P = 0.003$) and physical inactivity ($P = 0.025$). Most students (72.2%) opted for problem-focused ways of coping with a highest score at $WCC = 29.21$. A significant correlation was found between alexithymia and coping strategy with emotion-focused ($P = 0.02$). The TAS score was significantly higher among students who resort to this ways of coping = 26.11. ($P = 0.002$).

Conclusion This study explored the role of alexithymia in stress management ubiquitous in university life. A high level of alexithymia could be a detrimental factor in stress management. Psychological support aimed specifically alexithymic dimension is indispensable.

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Association between child asthma control and maternal mental health in Alagoas, Brazil

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Introduction Maternal mental health is very important to manage children with chronic health problems.

Objective To evaluate the role of maternal common mental disorders (CMD) in the control of asthma in children by taking the maternal stressful life events (SLE) into account.

Aims To improve the management of childhood asthma by using a psychosocial approach.

Methods Cross-sectional study involving mother-asthmatic child dyads assisted in paediatric pulmonology outpatient clinics. To characterize maternal CMD, the Self-report questionnaire (SRQ-20) with cut-off 7/8 was used. The global initiative for asthma control (GINA) questionnaire was used to define controlled and uncontrolled patients. The SLE questionnaire was also used.

Results Table 1 suggests association between uncontrolled asthma with asthma severity and SLE, and a borderline association between uncontrolled asthma and maternal CMD. Table 2 indicates that, considering all independent variables simultaneously, asthma severity is the only variable statistically significant. It is also possible that with a larger sample size, maternal CMD and SLE would also become statistically significant.

Conclusions The frequency of uncontrolled asthma is associated with asthma severity and tended to be higher in children whose mothers had CMD and were exposed to SLE.

Table 1 Crude odd ratios (OR) for the association between asthma control in children, and selected variables ($n = 272$).

VARIABLES		Uncontrolled	Controlled	CRUDE OR	CI 95%
		asthma N	asthma N		
Asthma Severity	Moderate and severe	49	36	1.98	1.15–3.41
	Mild	59	86		
Maternal schooling	Low	99	113	0.93	0.52–1.70
	High	26	32		
Social Class	Low	60	70	0.97	0.60–1.57
	High	66	75		
Maternal CMD	Yes	72	65	1.61	1.00–2.60
	No	55	80		
Maternal SLE	1 or more	105	107	2.14	1.13–4.03
	None	17	37		