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#### EV0506

### Prevalence of depression in psychiatry trainees in 22 countries: Findings from the international burnout syndrome study (BoSS)

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**Aims** The Burnout Syndrome Study screened for burnout in psychiatric trainees in 22 countries, along with associated factors. This paper reports the results of the PHQ-9 depression screen that formed part of the study.

**Background** It is well documented that physicians have higher rates of mental illness compared to the general population. Post-graduate medical trainees may work long hours and be exposed to stressful or saddening situations regularly. Their environment and workload means they may not exhibit appropriate help-seeking behaviours and be at significant risk of depression.

**Methods** The study used a cross sectional, multi-country online survey. Participants were asked to participate via an email invitation. The participants were asked to complete the PHQ-9 questionnaire, which is validated as a primary care self-administered screen for depression. Mixed methodology was used when recruiting trainees to obtain the most representative sample possible from each country. Statistical analysis was performed using SPSS.

**Results** Complete data was obtained from 1980 trainees with an average age of 31.9 years and with 2.8 years of training. The prevalence of depression in psychiatric trainees varied by country from 50% in Latvia to 7.1% in Belarus. The average rate of depression was 20.8%.

**Conclusions** Prevalence of depression in the US general population is estimated at 6.7%, making the prevalence of depression in trainees of 20.8% a sign that action needs to be taken to reduce depression rates in trainees.

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#### EV0507

### Paranoidism and memory deficits: An epidemiological study

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**Background** The Green et al. Paranoid Thought Scales (GPTS) was developed to fulfill a need for a tool that was adapted to the current dimensional definition of paranoia, capable to assess dimensions of preoccupation, conviction, and distress, valid and

reliable for the assessment of both clinical and healthy populations, and precise enough to detect subtle clinical change. It has recently been validated for the Spanish population (S-GPTS) with very good psychometric properties. Numerous studies suggest that patients with severe psychiatric disorders have impaired sustained attention and memory. A wide spectrum of executive deficits have also been described (goal-oriented tasks, recognizing priority patterns, planning, etc.) Very few studies have attempted to identify whether these same relationships between neuropsychological deficits and psychotic symptoms also occur in general population.

**Methods** This is a cross-sectional study. We undertook a multi-stage sampling using different standard stratification levels and out of the 5496 eligible participants finally approached, 4507 (83.7%) agreed to take part in the study, completed the interview and were finally included in the study ( $n = 4507$ ).

**Results** Individuals with high cut off S-GPTS scores showed lower scores in working memory subtest verbal statistically significant ( $P > .05$ ). While no significant difference was found among for immediate verbal learning subtest and high S-GPTS scores ( $P > .05654$ ).

**Discussion** This information can improve the clinician's understanding of patient's cognitive strength and weaknesses, put patients' cognitive abilities into perspective for their diagnosis, and facilitate multidisciplinary treatment decisions as we improve our ability to distinguish clinical cases from non-clinical population.

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#### EV0508

### Risk factors of self-injury behavior among psychiatric inpatients

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**Background** Self-injury behavior among mental patients has been recognized for several years, yet our understanding of its mechanisms and its risk factors remains limited.

**Objectives** This study aimed to assess the prevalence of deliberate self-harm (DSH) among psychiatric inpatients and to identify its association with personal and clinical factors.

**Methods** It was a descriptive and analytic study. It included 87 psychiatric inpatients followed in the psychiatry department "C" at the Hedi Chaker University Hospital of Sfax in Tunisia. Barratt Impulsivity Scale (Bis11) and the 28-items Childhood Trauma Questionnaire (CTQ) were used to assess respectively impulsivity and child maltreatment.

**Results** The average age of patients was  $29.32 \pm 8$  years. Most of them were male (75%) and single. Fifty-nine percent of patients had previously attempted suicide. A history of DSH was found in 60.9% of cases. The most frequent trauma types were emotional abuse and physical neglect with respectively 58.7% and 69.8%. Factors positively correlated with DSH were: male gender ( $P = 0.026$ ), father alcoholism ( $P = 0.024$ ), history of suicide attempts ( $P = 0.017$ ), borderline personality ( $P = 0.00$ ) and history of emotional abuse ( $P = 0.008$ ) or physical abuse ( $P = 0.04$ ) or neglect ( $P = 0.004$ ). Score "Bis11" was significantly correlated with suicide attempts ( $P = 0.00$ ) and presence of childhood abuse ( $P = 0.00$ ) or neglect ( $P = 0.01$ ).

**Conclusion** DSH seems to be a prevalent problem among psychiatric inpatients. It concerns mainly patients with a history of child abuse and impulsive behavior such as suicidal attempts underlying borderline personality disorder. Patients with these risk factors warrant specific attention in mental health services.

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#### EV0509

### Primary Health Care. Suicide Prevention Proposal. Santiago del Estero. Argentina

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**Background and aim** Suicide is a serious and growing problem worldwide. According to the World Health Organization, for each death there are twenty attempts on record. Every year over 800,000 people commit suicide, that is, one in every forty. 45% of the people who commit suicide visit their Primary Health Care physician in the previous month. Seventy-five percent of suicides take place in countries with medium or low income and Argentine heads the suicide rate in Latin America. In the last twenty years the death by suicides rate in young people (aged 15–35) and has decreased in older age groups (+55), which historically presented the highest rates. In the inner zone of the province of Santiago del Estero, suicides have increased among teenagers [1].

**Aims** To know suicide statistics in young people in the last decade so that a prevention scheme can be produced.

**Methods** Descriptive observational study.

**Results** In the province of Santiago del Estero suicides occur more frequently among young people, aged 15–35, and the rate has increased significantly in the inner zone of the province.

**Conclusions** The analysis carried out reveal that this problem is increasing in our province and it requires analysis and consensus in order to design a model of Primary Health Care Prevention.

**Disclosure of Interest** The authors have not supplied their declaration of no competing interest.

**Reference**

[1] Ministerio de Economía. Santiago del Estero. Dirección General de Estadísticas y Censos. Argentina; 2015.

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#### EV0510

### Incidence of dissociative stupor and possession in a private psychiatry clinic

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**Introduction** Dissociative and conversion disorders are reported to have a present incidence of about 85–100 per 1000 by different studies, which are very few. The present research is a part of a longitudinal study of 15 years but here; only 3 years are represented, which could be briefly analyzed.

**Objective** Latest reports suggest a decline in incidence of hysteria (conversion and dissociation) and this research just tries to reconfirm.

**Methods** All new patients attending a private psychiatry OPD in a small township of India at Lakhimpur Kheri in Uttar Pradesh, were screened to identify cases of dissociative disorder according to ICD 10, F44.2 and F44.3 from the 1st of January 2016 to 31st of October 2016 (10 months). These screened cases, only those presenting with fits of unconsciousness and possession, were analyzed and compared with the previous years for the same period.

**Results** Out of a total of 3671 patients seen, (2122 males and 1549 females) a total of 319 presented with the above mentioned symptoms (58 males and 261 females) about 87 per 1000 of psychiatric patients.

**Conclusion** The results, when compared with two previous years for the same period were quite similar, 2015 getting incidence of 97 per 1000 and 2014, an incidence of 89 per 1000. The inference thus is that there does not seem to be any decline of incidence and the figure would be much higher if both conversion and dissociative symptoms are included – a really serious situation.

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#### EV0511

### Is early life environment a risk factor for psychiatric disorder?

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**Introduction** Season of birth, an exogenous indicator of early life environment, has been related to higher risk of adverse psychiatric outcomes. According to literature, an excess of 5–8% of winter-spring births is found in individuals who later develop schizophrenia and bipolar disorder; this seasonal birth excess is also found in schizoaffective disorder (winter), major depression (March–May), and autism (March).

**Objectives** The objective of this study was to analyze the seasonal birth patterns of in-patients with psychiatric disorders.

**Aims** Understand the relation between psychiatric disorders and season of birth during a 10 year period in a Portuguese University Hospital.

**Methods** Analyze the birth date distribution of 2202 in-patients between 2007 and 2016 and compare with the psychiatric diagnosis.

**Results** Patients' diseases analyzed by birthday season: 60% of patients with schizoaffective disorder were born in winter-spring, 48.4% of mental retarded patients were born in autumn, 37% of dementia patients in winter, 77% of patients with delusional disorder in winter-spring, 78% of patients with Cluster A personality disorder in spring-summer and 71% of patients with substance abuse conditions in autumn-winter. No seasonal birth excess was found for bipolar affective disorder, schizophrenia, alcohol abuse, major depressive disorder or Cluster B personality disorder.

**Conclusions** Our sample data shows evidence for a potential link between season of birth and risk for schizoaffective disorder, dementia, mental retardation, Cluster A personality disorder, delusional disorder and substance abuse. The attempt to explain seasonal birth patterns in psychiatric illnesses could serve to clarify the etiological bases of such disorders.

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#### EV0512

### Screening for mental health problems as indicator for evaluation of needs for mental health services

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