

with all known safety and economy information when selecting the strategy for individual patients.

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O003

Assessing obsessive-compulsive symptoms: The Portuguese version of the Padua Inventory

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Introduction Self-report instruments are useful tools for the assessment of psychopathological symptoms such as obsessive-compulsive symptoms. The Padua Inventory (PI) is a measure that has been widely used in clinical and research settings and studied in several countries.

Objectives This study explores the psychometric properties and factor structure of the Portuguese version of the PI.

Methods Translation and translation-back of the original version were executed. A total of 847 participants (468 women and 379 men) from the general population was recruited through a snowball procedure and completed the PI and other mental health measures. The data set was randomly split in order to conduct principal component analysis (PCA) and confirmatory factor (CFA) analysis in two different samples. Moreover, internal consistency, convergent and discriminant validity and test-retest reliability analyses were conducted.

Results From the PCA analysis four factors emerged, comprising clusters of items related to doubting/impaired control over mental activities, contamination/washing/cleaning, checking and worries about losing control over motor behaviors. CFA results revealed that the model presented a poor fit to the data and indicated that the model would benefit from the establishment of correlations between pairs of error terms of items with identical contents. The PI exhibited excellent internal consistency, good test-retest reliability and good convergent and discriminant validity.

Conclusions The PI Portuguese version showed a similar factor structure to the one presented in other studies and revealed good psychometric properties. Nevertheless, results from the CFA suggest that shortening the PI may be advantageous.

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Oral communications: Anxiety disorders and somatoform disorders; depression; obsessive-compulsive disorder and personality and personality disorders

O004

Anti-basal ganglia antibodies (ABGA) and excitatory neurotransmitters in obsessive-compulsive disorder (OCD)

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Introduction OCD is a complex disorder with multiple aetiological theories. Recent research points to role of autoimmunity as well as hyperactivity of glutaminergic pathways in aetiopathogenesis of the disorder. It is possible that autoimmune mechanisms may modulate excitatory neurotransmission resulting in OCD.

Aims/objectives This study aimed to study the association between serum anti-basal ganglia autoantibodies (ABGA) and Glx (glutamate+glutamine) levels in caudate nucleus and anterior cingulate cortex as demonstrated by ¹H-MRS (proton magnetic resonance spectroscopy).

Methods Thirty psychotropic-naïve OCD patients and an equal number of age, gender matched healthy controls were studied using ¹H-MRS and levels of Glx were obtained. ABGA was measured using ELISA (enzyme linked immunosorbent assay) technique and categorised as present or absent in the serum.

Results ABGA was present in significantly higher proportion of patients as compared to controls ($P < 0.05$). Glx level was significantly higher (as measured by ¹H-MRS) in patients with ABGA as compared to those without ABGA ($P = 0.02$). The study results did not differ based on age, gender, disease severity and illness duration.

Conclusions The study demonstrates presence of ABGA in at least a subset of OCD population. The significant correlation between brain Glx levels and presence of ABGA provides a putative neurobiological framework for OCD. The strengths of the study include psychotropic-naïve patients, blinded investigators and use of standardized instruments. The limitations include small sample size, use of Glx as proxy measure of glutamate and lack of other disorder controls. Similar studies on a larger sample are warranted for a better understanding.

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O005

Reaching out to patients with antisocial personality disorder with brief psychoeducation

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Introduction Patients with antisocial personality disorder incur high costs on society, and are at high risk of dropping out of treatment and are often excluded from treatment, yet very little research has been conducted on how to best help these patients.

Objectives To test a six-session psychoeducation program, Impulsive Lifestyle Counselling, in outpatients with substance use disorders and antisocial personality disorder.

Aims To test the efficacy of the intervention versus treatment as usual in community outpatient treatment for substance use disorders.

Methods Pragmatic randomized trial in 13 outpatient community substance abuse treatment uptake areas. Patients were interviewed by blinded interviewers 3, 9 and 15 months post-randomization and tracked through a national substance abuse treatment register. Mixed effects regression were used to assess substance use and self-reported aggression and Cox regression was used to assess risk of dropout.

Results A total of 175 patients was randomized. At 3-month follow-up, patients randomized to intervention reported more days abstinent and less drug use severity than patients randomized to treatment as usual. In addition, patients randomized to intervention were at lower risk of dropout after intervention. In addition, patients randomized to intervention were more likely to report having received help for antisocial personality disorder at follow-up interviews.

Conclusions A brief psychoeducational intervention may improve outcomes for outpatients with antisocial personality disorder.

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0006

Childhood parental childrearing differently influences on adulthood fears, agoraphobia and navigation strategy selection in females and males

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Introduction Using self-report assessment methods, the present study examined affective factors that influenced the gender specific use of a survey-based orientation strategy and landmark-based route-finding strategy in an unfamiliar environment. First, we analyzed the role of early navigation experiences and the influence of early parental attachment (emotional warmth, overprotection and rejection) on way finding strategy. Second, the study analyzed the intercorrelations between way finding strategies and fear-related avoidance behavior and anxiousness.

Methods Three hundred and sixteen male and female students were recruited in a study to analyze the relationships between navigation strategies, fears, early parental childrearing behavior and navigation experiences. We proposed that use of navigation strategy depends on not only the physical features of the current environment and the participants' gender, but also fears of closed and opened spaces and types of perceived parental childrearing behavior.

Results We found that when exploring strange places, females used a route-finding strategy in contrast to males who used an orientation strategy for exploring a strange environment. Fear enhanced the preference for a route-finding strategy in both females and males. A route-finding strategy was associated with agoraphobic scores in females and with social fears in males. Perceived rejection from father and emotional warmth from mother together induces usage of route-finding navigation strategy.

Conclusion The family background influence on the capability to have personal experiences in unfamiliar environment and to cope with fears and behavioral avoidance in strange opened and closed places.

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0007

Reasons for acute psychiatric admissions and psychological interventions for patients with borderline personality disorder

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Introduction NICE guidelines advise to consider admission for patients with borderline personality disorder (BPD) for the management of crises involving significant risk to self or others. Furthermore, to consider structured psychological interventions of greater than three months' duration and twice-weekly sessions according to patients' needs and wishes.

Objectives We aimed to assess reasons for admission and access to psychological interventions in an acute inpatient BPD population.

Methods Case notes of patients with a diagnosis of BPD (ICD-10 F60.3 and F60.31), discharged from four acute general adult wards in Sheffield during a period of twelve months were studied retrospectively, using a structured questionnaire based on BPD NICE guidance.

Results Of the 83 identified BPD patients, seventy-eight percent were female and 82% between 16–45 years old. Eleven patients had four or more admissions. Eighty percent reported suicidal ideation at admission, with 50% having acted on it (70% by overdose, 50% cutting, 10% hanging). Of this cohort, 58% reported they intended to die. Psychosocial factors at admission were identified in 59 cases, including relationship breakdown (47.5%), alcohol/drug use (30.5%) and accommodation issues (17%). Disturbed/aggressive behaviour was documented in 27.1% of these cases. Sixty-eight percent of patients had psychology input in the 5 years preadmission: 38% (21 patients) received structured therapy, whilst 62% received only one assessment or advise to teams.

Conclusions Patients were mainly admitted for risk management. A high proportion received unstructured psychological interventions. Services offering structured psychological interventions should be supported, as hospitalisations only temporarily address BPD patients' suicidality and psychosocial difficulties.

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0008

Assessing the role of weight suppression (WS) and weight loss rate (WLR) in eating disorders

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Introduction and aims In this study, we aim to assess the role of weight suppression (WS) in eating disorders, not only from a quantitative point of view but also assessing the speed of the weight loss by using a new parameter: the weight loss rate (WLR). We analysed the role of these two indexes in different eating disorders domains, considering both eating behaviours and outcome profiles.

Methods The sample consisted of 414 patients, including 62 with AN binge purge subtype (ANBP), 146 with AN restrictive subtype (ANR) and 206 with bulimia nervosa (BN). Data about response to treatment were available for a subsample of 201 patients. A cross-sectional design was used for the clinical symptoms detected during the initial assessment and a longitudinal design was adopted for the response to treatment analysis.

Results No significant relationship emerged between both WS and WLR and variables collected at baseline assessment. We