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Introduction   Critical illness increases the risk of mental illness, including anxiety disorders. As critically ill patients exhibit high levels of inflammation and inflammation plays a role in mental illness, critical and mental illnesses may be linked by systemic inflammation.
Objective   To investigate whether anti-inflammatory drugs reduce the risk of subsequent anxiety disorders among intensive care patients requiring mechanical ventilation.
Aims   To assess the risk of anxiety disorders after intensive care requiring mechanical ventilation according to pre-admission use of non-steroidal anti-inflammatory drugs (NSAID), glucocorticoids, statins or combination. To compare risk in users with non-users.
Methods   This nationwide, registry-based, cohort study includes all patients receiving mechanical ventilation in Danish intensive care units during 2005–2013. Preadmission use of NSAIDs, glucocorticoids, statins or combinations will be identified from filled prescriptions. Risk of anxiety disorders in users and non-users of these anti-inflammatory drugs will be estimated using the cumulative incidence method, accounting for death as a competing risk. After propensity-score matching, risk in users and non-users will be compared using hazard ratios from a Cox regression.
Results   N/A. The estimated number of patients is 100,000. Expected preadmission use is 14% for statins, 15% for NSAIDs, and 10% for glucocorticoids. The study will have 95% power to detect a 10% decrease in risk between users and non-users.
Conclusions   N/A. The study will potentially will contribute knowledge about the pathogenesis of anxiety disorders and a mechanism linking critical illness and mental illnesses. If anti-inflammatory drugs reduce risk of anxiety disorders, this may guide trials.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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Psychopathology

EW427

Family functioning and individual psychopathology in a non-clinical general population

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Introduction   A family "constructs" an identity of its own derived from their assumptions about relationships and the social environment they live in. This identity transcends the individual while at the same time encourages individual differentiation. Family functioning is influenced from different factors like social context, qualitative characteristics, and from individual's medical or psychiatric condition.

Aims and objectives   To examined the effects of sociodemographic factors and individual psychopathology on the function of family in a non-clinical sample.
Methods   Cross-sectional study of participants and their families. The follow data collected:
–demographics (age, gender, occupation, education);
–description of the family (number of members, single parents family, adoption);
–history of mental or physical illnesses;
–Family Assessment Device (FAD);
–Symptom Checklist-90 (SCL-90).
Results   The sample constituted of 151 families, (453 individuals), in 48 families, 2 family members participated, in 56 families, 3 members participated, in 46 families 4 members participated and 1 family had 5 members participating. One hundred ninety-four (42.8%) were children and 259 (57.2%) were parents. The mean age of the children was 23.62 (SD: 6.35) and 68 (35%) were males. Mean age of the parents was 51.4 (SD: 8.2) and 117 (45.2%) were males. SCL-90 identified 183 participants as caseness. Multilevel analysis showed that individual psychopathology (caseness) was the only statistical significant factor for family dysfunctioning.
Conclusion   There is strong association between family dysfunction and psychopathology of a member. Dysfunctional families need further psychiatric evaluation of the members. Cause-effect cannot be concluded from this cross-sectional study.
Disclosure of interest   The authors have not supplied their declaration of competing interest.

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EW429

Thought overactivation as a marker of bipolar disorder

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Introduction   Recent studies have underlined the importance of considering the form of thoughts, beyond their content, in order to achieve a better phenomenological comprehension of mental states in mood disorders. The subjective experience of thought overactivation is an important feature of mood disorders that could help in identifying, among patients with a depressive episode, those who belong to the bipolar spectrum.
Objectives   Patients with a diagnosis of bipolar disorder (BD) were compared with matched healthy controls (HC) on a scale that evaluates thought overactivation.
Aims   Validate the Italian version of a scale for thought overactivation (i.e. STOQ) in a sample of bipolar patients.
Methods   Thirty euthymic BD and 30 HC completed the Subjective Thought Overactivation Questionnaire (STOQ), the Ruminative Responses Scale (RRS), the Beck Depression Inventory-II (BDI-II) and global functioning (VGF).
Results   The 9-items version of the STOQ has been back translated and its internal consistency in this sample was satisfactory (alpha = .91). Both the brooding subscore of RRS (b-RRS) ($r = .706$; $P < .001$) and STOQ ($r = .664$; $P < .001$) correlate significantly with depressive symptoms whereas only the first correlate with VGF ($r = -.801$; $P < .001$). The two groups did not differed in the b-RRS (HC = 8.41 vs BD = 9.72; $P = .21$), whereas BD where significantly higher in the STOQ total score (HC = 6.62 vs. BD = 14.9; $P = .007$).
Conclusion   Our results, although limited by the small sample size, confirm the validity of the STOQ and suggest that this scale could grasp a feature characteristic of BD, independently from their tendency to ruminate. The latter seems to impact more on global functioning.

EW430

Psychometric evaluation of a 33-item subset of MOODS-SR for distinguishing bipolar disorder

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Introduction The MOODS-SR is a self-report instrument consisting of 161 dichotomous items. It is designed to assess lifetime presence of mood spectrum psychopathology. Recently, it has been proposed that a subset of 33 items can be used to distinguishing bipolar disorder.
Aim To evaluate psychometric properties of a 33-item subset and to propose a clinically relevant cut-off for screening for bipolar disorder.
Methods Patients with mood disorders were recruited from outpatient services at Sahlgrenska University Hospital. Patients and a convenience sample of healthy controls were offered to fill in the MOODS-SR. A post-hoc analysis was conducted for the 33-items subset of the MOODS-SR.
Results The subset showed high internal consistency (Cronbach $\alpha = 0.95$). The mean scores of patients with bipolar disorder (22.7 ± 6.4) were significantly higher than those of the unipolar (11.3 ± 4.9) and control group $(7.0 \pm 7.0, P < 0.005)$. A significant correlation was found between YMRS $(r = 0.50, P < 0.005)$ and the 33-item subset, but not with MADRS $(r = -0.22, P = 0.223)$.
Conclusion The 33-item subset of MOODS-SR showed promising psychometric properties, including good known-group validity. It discriminated bipolar patients from unipolar patients and healthy subjects. The clinical usefulness of these finding needs further investigation.
Disclosure of interest The authors have not supplied their declaration of competing interest.

EW431

The frequency, type and impact of appearance comparisons on body dissatisfaction and disordered eating behaviours in women's daily lives

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Objective To examine the impact of appearance comparison behaviours, trait body dissatisfaction and eating pathology on women's state body dissatisfaction and engagement in disordered eating behaviours in daily life.
Method Using ecological sampling method (ESM), 116 women residing in Australia, completed a baseline questionnaire containing the trait-based measures, before being signalled by an iPhone app six times daily, for seven days, to self-report on their recent appearance comparison behaviours, current state body dissatisfaction and recent disordered eating behaviours.
Results Multi-level modelling revealed that upward comparisons (comparisons against more attractive individuals) elicited increases in state body dissatisfaction $(\beta = 0.89, P < .001)$ and disordered eating behaviours $(\beta = 0.29, P = .002)$. Contrastingly, downward comparisons (comparisons against less attractive individuals) elicited decreases in state body dissatisfaction $(\beta = -0.31, P = .048)$ and, unexpectedly, increases in disordered eating behaviours $(\beta = 0.46, P < .01)$. The frequency of appearance comparison engagement, regardless of whether it was upward or downward comparisons, was also predictive of increased disordered eating behaviours $(\beta = 0.12, P < .001)$. In addition, eating pathology and trait body dissatisfaction were directly associated with higher state body dissatisfaction, and increased in disordered eating behaviours (all $P < .001$).
Conclusion These findings highlight the general negative impact that appearance comparisons have on fluctuating states of body dissatisfaction and eating pathology, as well as illustrating how trait characteristics partially account for this volatility. These findings provide further information that may be used to inform eating disorder prevention and intervention efforts.
Disclosure of interest The authors have not supplied their declaration of competing interest.

EW432

Portuguese version of the Disgust Propensity and Sensitivity Scale-Revised: Preliminary data

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Introduction Disgust propensity (DP) and disgust sensitivity (DS) contribute to individual differences in the experience of disgust. Studies have shown that DP and DS are predictive of some anxiety (e.g., spider phobia and blood-injection-injury phobia) and obsessive-compulsive and related disorders.
Aim The aim of this study was to develop and validate a Portuguese version of the Disgust Propensity and Sensitivity Scale-Revised (DPSS-R; van Overveld= et al., 2006) for use in Portuguese-speaking populations.
Method Two hundred and six participants (162 females), with ages between 18 and 47 (M = 25.92; SD = 8.75), filled in the DPSS-R, which was first translated and adapted into Portuguese language by individuals highly proficient in English and then back-translated by a bilingual with no prior knowledge of the scale. Finally, the DPSS-R was subjected to a think-aloud procedure.
Results The results showed good internal consistency (Cronbach's alfa = .833) for a DPSS-R. The two subscales displayed an adequate internal consistency ($DP_{Cronbach's\ alfa} = .776$; $DS_{Cronbach's\ alfa} = .790$). Test-retest analysis documented good intraclass correlation coefficient for the two subscales ($ICC_{Propensity} = .889$; $ICC_{Sensitivity} = .900$). We also confirmed the bifactorial structure using a confirmatory factor analysis, since we obtained appropriate val-