

of our patients developed depression, more in patients with major neurological deficits.

Conclusions Efforts must be done for primary prevention of stroke, early detection of risk factors and correct treatment, and for cessation of toxic habits. Treating associated depression may improve patients' quality of life and increase comfort for caregivers.

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EW0725

Inflammatory bowel disease symptoms and cognitive fusion's impact on psychological health: An 18-month prospective study

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Although inflammatory bowel disease (IBD) is known to be associated with lower psychological health, research regarding which specific symptoms may lead to psychological dysfunction in IBD patients is inexistent. Further, the role played by emotion regulation, including the maladaptive process of cognitive fusion, in IBD patients' psychological functioning is also scarcely explored in this population. The present study aimed at filling these research gaps. Two hundred and sixteen patients diagnosed with IBD filled self-report instruments on an online platform in three times. These waves of assessment occurred at baseline, and 9 and 18 months later. Results revealed that of the 10 measured IBD symptoms, only fatigue, bloody stools and abdominal distension at baseline were negatively associated patients' level of psychological health at Wave 3. Nevertheless, a hierarchical regression analysis demonstrated that none of these symptoms were significant predictors of psychological health measured 18 months later. When cognitive fusion at baseline was added to the model, it became the only significant predictor of psychological health at Wave 3, with an effect of -0.34 ($P < 0.001$). These findings suggest that it is not the experience of physical symptomatology that directly leads to lower psychological health in IBD patients, but rather the way patients deal with adverse internal experiences, i.e., the type of emotion regulation involved. This study reveals cognitive fusion as a harmful process for the determination of IBD patients' psychological functioning. Future studies should thus explore the meditational effect of cognitive fusion in the association between IBD symptomatology and decreased psychological health.

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EW0726

The presence of a subthreshold autism spectrum is associated with greater prevalence of mental disorders in parents of children with autism spectrum disorders

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Introduction Autism spectrum disorders (ASD) are highly heritable and first degree relatives (especially fathers) of autistic probands have been shown to often manifest a set of subthreshold

autistic features. It is not known, however, the clinical significance of this subthreshold autism spectrum.

Objectives – to evaluate the prevalence of a subthreshold autism spectrum respectively in fathers and mothers of children with ASD; – to describe clinical correlates of parents with and without a subthreshold autism spectrum respectively.

Methods 36 fathers and 39 mothers of preschoolers with ASD were administered the autism-spectrum quotient (AQ), the adult autism subthreshold spectrum (AdAS spectrum), the trauma and loss spectrum (TALS), the SCID-5 and the social and occupational functioning assessment scale (SOFAS).

Results Fathers and mothers did not differ for both AQ and AdAS spectrum total and subscale scores. Overall, 13 parents (17.3%) scored higher than 45 on the AdAS spectrum, as indicative of the presence of a subthreshold autism spectrum. This group showed greater prevalence of mood, anxiety and feeding/eating disorders, greater utilization of antidepressants and higher scores on the TALS and the SOFAS than the group scoring lower than 45 (all $P < 0.05$).

Conclusions Fathers and mothers of children with ASD show autistic traits in equal measure. The presence of a subthreshold autism spectrum is associated to greater prevalence of mood, anxiety and feeding/eating disorders, to greater susceptibility to traumatic events and to lower levels of functioning.

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EW0727

Developing a test to assess social cognition based on a real interaction

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Introduction Social cognition enables the processing of social information and is needed to adapt one's behaviour to the perceived social scene. Its assessment is a very controversial issue, tests currently available often use unhelpful stimuli from the ecological point of view.

Aims To develop a test based on genuine social stimuli—not on their representations—and to do so, a controlled social situation is created in which participants can be evaluated on their abilities to perceive and process such information.

Method A script was prepared, consisting of several interactions which are staged before the participants by two members of the research team. The sample comprises 50 subjects, being on average 22 years old (56% women), who took this test, the MSCEIT and the MASC.

Results The application showed no incidence, no one detected that it was a previously prepared situation and they were not upset when this fact was revealed. A final selection of 18 items obtained a reliability of 0.701. Multidimensional scaling, partly showed the subdomains taken into account. The correlation matrix confirms the validity of the instrument. ($r = 0.465$ alpha < 0.001 with MASC. $r = 0.106$ alpha > 0.05 with MSCEIT).

Conclusions The instrument is applicable and tolerated by participants being evaluated with it. It is feasible to use it as a test to assess social cognition. It is mid-high reliability allows its use for research purposes. The correlation matrix confirmed validity, showing a significant and moderate connection with MASC and no association with any of the scales of MSCEIT.

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EW0728

Comparison of self-stigma and quality of life in depressive disorder and schizophrenia – a cross-sectional study

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Background The views of one's self-stigma and quality of life in patients with schizophrenia and depressive disorders are significant subjective notions, both being proven to affect patient's functioning in life. The objective of this research was to find out the quality of life and self-stigma in connection with demographic factors and compare the two groups of patients in those variables. **Method** In a cross-sectional study, the outpatients with the schizophrenia spectrum disorders and depressive disorders completed the quality of life satisfaction and enjoyment questionnaire, the internalized stigma of mental illness scale and a demographic questionnaire during a routine psychiatric control. Furthermore, both patients and their psychiatrists evaluated the severity of the disorder by clinical global impression-severity scale.

Results The quality of life of patients with depression or schizophrenia spectrum disorders did not significantly differ between the two groups. In both groups, unemployment was perceived to be a significant factor decreasing the quality of life. Self-stigma was detected to be higher in patients with schizophrenia as compared to the depressive patients. A strong correlation was found between the two scales, meaning that those with higher levels of self-stigmatization were less prone to see their life as fulfilling and joyful.

Conclusions The present study shows that the degree of the internalized stigma can be an important aspect linked to the quality of life irrespective of the diagnostic category.

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EW0729

Birth order and psychiatric morbidity

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Objectives: – to determine the frequency of sociodemographic factors (birth order) among subjects attending a psychiatric clinic; – to establish psychiatric diagnosis of subjects; – to bring out dominating frequencies of birth orders of the patient in relation with related diagnosis.

Methodology This cross-sectional study was conducted at outpatient clinic of Liqueate university hospital Hyderabad during 1st January 2012 to 31st January 2012. One hundred consecutive subjects attending a psychiatric OPD with psychiatric symptoms, were assessed for the total siblings, birth order among siblings and their psychiatric diagnosis. The socio-demographic data was recorded through a designed semi-structured proforma, and diagnosis was

established by diagnostic and statistical manual-IV text revised criteria (DSM-IV TR).

Results The age range remained 9–60 years and numbers of siblings were in the range of 1–12 siblings and fourth birth order was found to be dominant in this study to have psychiatric morbidity (38%). While, frequency of first order birth was 18%. Generalized anxiety disorder and depressive (GAD) disorders were dominant diagnosis (55%), while GAD was more in the male gender. **Conclusion** This study shows that psychiatric morbidity was more common in the lower birth order. This study may be carried out at different centers of psychiatry for the better assessment of psychiatric morbidity.

Keywords Sociodemographic; Psychiatric disorders; Birth order

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EW0730

Cultivating the compassionate self against depression: An exploration of processes of change

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Introduction Compassion and self-compassion can be protective factors against mental health difficulties, in particular depression. The cultivation of the compassionate self, associated with a range of practices such as slow and deeper breathing, compassionate voice tones and facial expressions, and compassionate focusing, is central to compassion focused therapy (Gilbert, 2010). However, no study has examined the processes of change that mediate the impact of compassionate self-cultivation practices on depressive symptoms. **Aims** The aim of this study is to investigate the impact of a brief compassionate self training (CST) intervention on depressive symptoms, and explore the psychological processes that mediate the change at post intervention.

Methods Using a longitudinal design, participants (general population and college students) were randomly assigned to one of two conditions: Compassionate self training ($n=56$) and wait-list control ($n=37$). Participants in the CST condition were instructed to practice CST exercises for 15 minutes everyday or in moments of stress during two weeks. Self-report measures of depression, self-criticism, shame and compassion, were completed at pre and post in both conditions.

Results Results showed that, at post-intervention, participants in the CST condition decreased depression, self-criticism and shame, and increased self-compassion and openness to receive compassion from others. Mediation analyses revealed that changes in depression from pre to post intervention were mediated by decreases in self-criticism and shame, and increases in self-compassion and openness to the compassion from others.

Conclusions These findings support the efficacy of compassionate self training components on lessening depressive symptoms and promoting mental health.

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