the group of aggressive patients was realized next measurement after 14 days of hospitalization.

According to our preliminary findings, the average level of TSH in our whole study group was 478.66 ng/dl (range from 158.06 to 767.81). The control group showed average value of TSH 486,84 ng/dl (range from 158.06 to 767.81). The group of patients with history of aggressive behavior showed average value of TSH 459.04 ng/dl (range from 191.81 to 638.02) and after 14 days of cure the levels were of average value 452.55 ng/dl (range from 253.53 to 657.92).

These preliminary findings don't show significant intergroup differences, but there are some clear casuistic declines in TSH. After collecting the envisaged group of patients we plan to correlate values of testosterone level with the score of HCR, intergroup comparison and detailed analysis (including demography, pharmacology).

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Belief inflexibility and dimensions of delusional beliefs in non-affective psychosis: Comparison with non-clinical meaningful beliefs

C. Zhu*, S.H. So
The Chinese University of Hong Kong, Psychology, Shatin, Hong Kong Special Administrative Region
* *Corresponding author.*

Introduction   Belief inflexibility (BI) has been considered as a crucial factor for delusional conviction, but less is known about other dimensions of delusional beliefs. Question has been raised regarding the extent to which BI distinguishes delusions from strongly held (non-deluded) personally meaningful beliefs.

Objectives   We examined the association between BI and major dimensions of delusional beliefs/non-clinical personally meaningful beliefs, and compared results from two BI measures (Maudsley assessment of delusions schedule [MADS] and bias against disconfirmatory evidence [BADE] task).

Methods   Idiosyncratic delusional beliefs from 40 outpatients with non-affective psychosis and personally meaningful beliefs from 30 healthy controls were assessed in an interview. Belief dimensions (conviction, preoccupation, and distress) and BI were measured.

Results   Compared with controls, patients reported higher levels of distress and preoccupation but a comparable level of conviction (3.30/4 vs. 3.00/4, $t(66.967) = 1.928$. P = n.s.). Patients exhibited lower belief flexibility than controls on MADS but not on BADE. In patients, delusional conviction was associated with lower flexibility on a MADS item ("possibility of being mistaken": $t(38) = 4.808$, $P < 001$) and the BADE evidence integration index ($r = 0.463$, $P = 01$). In healthy controls, belief conviction was associated with lower flexibility on a MADS item ("reaction to hypothetical contradiction": $t(27) = 3.345$, $P = .002$). Two-way ANOVA revealed that the association between possibility of being mistaken and conviction was stronger in patients than controls ($F(1) = 6.718$, $P = 012$). In both groups, BI on either measure did not correlate with distress or preoccupation.

Conclusions   BI was specifically associated with belief conviction. The association was significant for both groups, and was stronger in patients than controls.

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