EW381

The relationship between pain coping variability and committed action in chronic pain adjustment

W. Wong[1,*], P. Chen[2], Y. Chow[3], H. Lim[4], S. Wong[3], L. McCracken[5], R. Fielding[6]
[1] Hong Kong Institute of Education, Dept of Special Education & Counseling, Hong Kong, China
[2] Alice Ho Miu Ling Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China
[3] Queen Mary Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China
[4] United Christian Hospital, Dept of Anesthesiology & Operating Services, Hong Kong, China
[5] King's College London, Health Psychology Section, London, United Kingdom
[6] University of Hong Kong, School of Public Health, Hong Kong, China
* Corresponding author.

Introduction Research evidenced the association of pain coping strategies with short-term and long-term adjustments to chronic pain. Yet, previous studies mainly assessed the frequency of coping strategies when pain occurs whilst no data is available on one's flexibility/rigidity in using different pain coping strategies, i.e., pain coping variability, in dealing with different situations.
Objectives This study aimed to examine the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability. Specifically, we examined the independent effects of pain coping variability and committed action in predicting concurrent pain-related disability in a sample of Chinese patients with chronic pain.
Methods Chronic pain patients ($n = 287$) completed a test battery assessing pain intensity/disability, pain coping strategies and variability, committed action, and pain catastrophizing. Multiple regression modeling compared the association of individual pain coping strategies and pain coping variability with disability (Models 1–2), and examined the independent effects of committed action and pain coping variability on disability (Model 3).

Table 1 Multiple regression models predicting concurrent pain-related disability with pain coping strategies and pain coping variability.

Predictors	Model 1		Model 2	
	Std β	95% CI	Std β	95% CI
Income	-0.01	-0.53, 0.42	-0.05	-0.55, 0.37
Pain duration	-0.07	-0.47, 0.05	-0.05	-0.41, 0.10
Pain intensity	0.43***	0.43, 0.67	0.44***	0.45 0.68
Pain catastrophizing	0.24***	0.25, 0.56	0.26***	0.28, 0.58
Guarding	0.17**	0.84, 3.33	0.19***	1.15, 3.43
Asking for assistance	-0.01	-1.16, 0.95	---	---
Relaxation	0.06	-0.63, 2.25	---	---
Task persistence	0.07	-0.35, 2.34	---	---
Exercise / Stretching	-0.05	-1.70, 0.65	---	---
Self-statement	-0.09	-2.43, 0.18	---	---
Seeking social support	-0.02	-1.68, 1.05	---	---
Pain coping variability	---	---	-0.10*	-0.07, 2.53

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. *p<0.05; **p<0.01; ***p<0.001.

Results Of the 8 coping strategies assessed, only guarding (std $\beta = 0.17$) was emerged as significant independent predictor of disability (Model 1). Pain coping variability (std $\beta = -0.10$) was associated with disability after controlling for guarding and other covariates (Model 2) and was emerged as independent predictor of disability (Model 3: std $\beta = -0.11$) (all $P < 0.05$) (Tables 1 and 2).
Conclusions Our data offers preliminary support for the multivariate association between pain coping variability and committed action in predicting concurrent pain-related disability, which supplements the existing pain coping data that are largely based on assessing frequency of coping.

Table 2 Multiple regression models predicting concurrent pain-related disability with committed action and pain coping variability.

Predictors	Model 3	
	Std β	95% CI
Income	-0.01	-0.52, 0.41
Pain duration	-0.04	-0.39, 0.12
Pain intensity	0.45***	0.46, 0.70
Pain catastrophizing	0.22***	0.19, 0.53
Guarding	0.17**	0.89, 3.21
Committed action	-0.09	-0.50, 0.02
Pain coping variability	-0.11*	-0.28, 2.79

Notes: Pain disability was indexed by the CPG Disability Score with scores ranging from 0 to 100 and higher scores indicating greater level of disability. Pain catastrophizing was indexed by the Pain Catastrophizing Scale; Committed action was indexed by the 8-item Committed Action Questionnaire; Pain coping variability was indexed by the Chronic Pain Coping Inventory using an alternative scoring method. Std β = standardized beta coefficient; CI = confidence interval. *p<0.05; **p<0.01; ***p<0.001.

Personality and personality disorders

EW382

The Big Five Inventory (BFI): Reliability and validity of its Arabic translation in non clinical sample

B. Alansari
Kuwait University, Faculty of Social Sciences, Psychology, Kaifan, Kuwait

Introduction One of the most researched theories of personality is the Five Factor Model, frequently evaluated through the Big Five Inventory 44-item BFI. Although there is an Arabic version, its psychometrical properties in Kuwaiti population are yet unknown.
Objectives The objective of this study was to evaluate the psychometric properties of the BFI and its factorial structure in an Arabic non-clinical sample.
Methods The participants were 685 first year undergraduate Kuwaitis: 305 males mean age = 22.77 ± 4.57 and 380 females; mean age = 19.61 ± 2.59). The Arabic version of BFI (John and Srivastava, 1999) was administered to participants. The internal consistency reliability, factor structure, and convergent validity of the BFI with PFQ-C (Barbaranelli, Caprara, Robasca, and Pastorelli, 2003) were assessed.

Results   Internal consistency was satisfactory for the Neuroticism, Extraversion, and Openness to Experience, Agreeableness, and Conscientiousness subscales respectively (Cronbach's alpha = 0.83, 0.82, 0.79, 0.82, 0.90) for males and (Cronbach's alpha = 0.74, 0.83, 0.85, 0.81, 0.92) for females. The results revealed significant gender differences where the males obtained a higher score than females on extraversion and conscientiousness, while females obtained a higher score than males on neuroticism. Principal component analyses (PCA) showed that a five-component solution explains 42.27% of the total variance for males and 41.47% for females. The convergent correlations in sample between the BFI and PFQ-C (mean $r = 54$) for validity coefficients.

Conclusion   These findings suggest that the BFI is a brief measure of the Big Five personality traits and it provides satisfactory reliable and valid data.

Disclosure of interest   The author has not supplied his/her declaration of competing interest.

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EW384
Relationship between happiness and personality variables

G. Baqer

Kuwait University, Department of Psychology, Kaifan, Kuwait

Introduction   The focus of interest in this study is to investigate the relationship between happiness and optimism, satisfaction with life, hope, depression, and anxiety. Many efficient instruments have been used in this study, however there is no study until this date that has used the Oxford Happiness Questionnaire (OHQ) within Arabic countries and Kuwaiti samples specifically.

Objectives   The aim of the study is to investigate the correlations between happiness and optimism, satisfaction with life, hope, depression and anxiety.

Methods   The sample consisted of 510 students from Kuwait University, 270 females and 240 males, with a mean age of 22.8 (SD = 4.1). The OHQ 0.90 alpha was administered to participants, in addition to the Arabic version of Life Orientation Test-Revised (LOT-R) 0.70, The Satisfaction with Life Scale (SWLS) 0.78, The Hope Scale (AHS) 0.60, Beck Depression Inventory (BDI-II) 0.87 and Beck Anxiety Inventory (BAI) 0.95. Correlations were used in this study.

Results   The results revealed that all the correlations between OHQ and other scales were significant. Positive correlations have been found with LOT-R $r = 0.50$, SWLS $r = 0.44$, and AHS $r = 0.39$, while there were negative correlations with BDI-II $r = -0.38$ and BAI $r = -0.17$.

Conclusion   It was concluded that happiness correlates positively with other personality variables: optimism, satisfaction with life and hope, while it correlates negatively with Depression and Anxiety.

Disclosure of interest   The author has not supplied his/her declaration of competing interest.

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EW386
Family skills training in dialectical behaviour therapy: The experience of the significant others

S. Ekdahl [1,*], E. Idvall [1], K.I. Perseius [2]

[1] Malmö University, Faculty of Health & Society, The Department of Care Science, Malmö, Sweden
[2] Red Cross University College, Department of psychiatric nursing, Stockholm, Sweden
* *Corresponding author.*

Introduction   Borderline personality disorder (BPD) is a severe psychiatric health problem with reputation of being difficult to deal with and to treat. Significant others (SOs) of patients with BPD show higher levels of psychological distress compared with the general population. Strengthening the coping strategies of SOs plays an important role in the recovery of the patient. Support and education for SOs is important, both for SOs themselves and for the patients recovery.

Objectives   Research around support and education for SOs is of great importance not only for SOs and patients, but also for psychiatric staff, in order to offer help and support, for the whole family.

Aim   The aim was to describe significant others' experiences of dialectical behaviour therapy-family skills training (DBT-FST), their life situation before and after DBT-FST, and measurement of their levels of anxiety and depressive symptoms.

Methods   The study had a descriptive mixed method design. Data were collected with free text questionnaires ($n = 44$), group interviews ($n = 53$) and the HAD scale ($n = 52$) and analysed by qualitative content analysis and descriptive and inferential statistics.

Results   The results show that life before DBT-FST was a struggle. DBT-FST gave hope for the future and provided strategies, helpful in daily life. For the subgroup without symptoms of anxiety and depression before DBT-FST, anxiety increased significantly. For the subgroup with symptoms of anxiety and depression the symptoms decreased significantly. This indicates, despite increased anxiety for one group, that DBT-FST is a beneficial intervention and most beneficial for those with the highest anxiety and depressive symptoms.

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

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EW388
Mutual influence between mood disorders and personality disorders

R. Khemakhem[*], W. Homri, D. Karoui, M. Mezghani, L. Mouelhi, N. Bram, I. Ben Romdhane, R. Labbane
Razo Hospital, Psychiatry C, Mannouba, Tunisia
* *Corresponding author.*

Introduction   Several studies have explored the vulnerability to mood disorders that constitute some personality traits.

Aims   To study the potential relationship between mood disorders and personality disorders.

Objective   We hypothesized that personality disorders can be related to severe mood disorders.

Methods   This was a retrospective study including the period from January 2000 till September 2015 and related to patients in whom the diagnosis of mood disorder and personality one were retained according to the criteria of the DSM-IV TR while the sociodemographic and clinical were collected by a pre-established railing.

Results   We included 28 patients (15 ♂, 13 ♀). The average age was 38 years. Eighteen (64.3%) patients (7 ♂, 11 ♀) are unemployed. Fifteen patients (10 ♂, 5 ♀) were schooled until secondary level. Seventeen patients (60.7%) were married. The bipolar I disorder (BD I) was most frequently founded (50%), followed by the major depressive disorder in 25% ($n = 7$) then by the bipolar II disorder in 21.4% ($n = 6$). A case of dysthymia was also noted. Half of the personality disorders were the borderline type, followed by the histrionic type in 28.6% ($n = 8$) then by the antisocial in 17.9% ($n = 5$) and finally one patient presented a paranoiac personality. The antisocial personality was significantly associated with the BD I ($P = 0.011$) and half of the patients with a pathological personality, presented a depressive symptomatology.

Conclusion   The personality disruption is a factor of severity of the thymic disorders. Consequences on the management of patients and their response to treatments remain available.

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

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