

Results Seven nurses have voluntarily chosen their profession and the others are not. Nurses' sociotropy levels were 59.2 ± 22 . Sixteen and autonomy levels were 83.9 ± 22.41 . According to the results of the MWU test ($U = .0 P < .05$), anxiety about disapproval of eight undergraduate nurse ($MR = 4.5$) is lower than two graduated from health school nurse ($MR = 9.5$). Five nurses stated that nursing is appropriate for their personal character. Six nurses stated that nursing influenced the positive development of personal character. With content analysis, similarities and differences between nursing identity and social identity, optimal behaviour in expressing feelings of nurses and emotional habitus themes were reached.

Conclusions Nurse habitus is developed by both of individual and structural factors which are complex and diversity. So, it affects nurses' career and motivation to provide services. That the researcher assesses them from this aspect affects positively the quality of care.

Keywords Nurse; Nursing; Emotional habitus; Sociotropy-autonomy; Personality feature

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Further validation of the driver behaviour questionnaire – confirmatory factor analysis in a Portuguese sample

J.F. Dourado¹, C. Marques^{2,*}, A.T. Pereira², V. Nogueira², A. Macedo², A.M.C. Bastos Silva¹, A.J.M. Seco¹

¹ Faculty of Sciences and Technology, University of Coimbra, CITTA, Coimbra, Portugal

² Faculty of Medicine- University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

* Corresponding author.

Introduction The drivers are a central component of traffic system, and their limitations, constraints, needs, motivation, level of alertness, and personality define their behaviours on the road. Understanding the determinants of the driver's behaviour is crucial to find solutions for the serious problem of road accidents.

Objective This study aims to investigate the reliability and the construct validity of the Portuguese version of the driver behaviour questionnaire (DBQ; Reason et al., 1990; Portuguese version: Correia, 2014), using exploratory and confirmatory factor analysis (EFA and CFA) in a sample of Portuguese population.

Methods Participants answered an online survey including socio-demographic questions and the DBQ. Inclusion criteria were: driving license and regular driving for at least three years and age lower than 75-years-old. The sample is composed of 747 participants [417 (55.8%) women; mean age = 42.13 ± 12.349 years; mean driving license years = 21.30 ± 11.338 ; mean years of regular driving = 20.33 ± 11.328]. The total sample was randomly divided in two sub-samples. Sample A ($n = 373$) was used to EFA and sample B ($n = 374$) was used to CFA.

Results The most acceptable model was the three-factor model found with EFA, excluding items 1 and 24 ($\chi^2/df = 2.01$; TLI = .86; CFI = .88; RMSEA = .05, $P = .315$). The internal consistency analysis resulted in: infractions and aggressive driving, $\alpha = .77$; non-intentional errors, $\alpha = .73$; lapses, $\alpha = .71$; total DBQ score, $\alpha = .84$.

Conclusions These results suggest that the Portuguese version of the DBQ is a valid and reliable measure to assess self-reported driver behaviour in the Portuguese population.

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

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Steroid-induced psychiatric syndromes: A case report and a review of the literature

R. Martín Gutierrez^{1,*}, P. Suarez Pinilla¹, R. Medina Blanco¹, R. Landera Rodriguez¹, M. Juncal Ruiz¹, M. Gómez Revuelta¹, I. Madrazo del Río Hortega¹, O. Porta Olivares¹, J. González Gómez¹, R. Hernando Fernández²

¹ Hospital Universitario Marques De Valdecilla, Psychiatry, Santander, Spain

² Hospital Universitario Marques De Valdecilla, General Practitioner, Santander, Spain

* Corresponding author.

Introduction Glucocorticoids are widely prescribed for a variety of diseases and are known to cause neuropsychiatric as well as somatic side effects.

Objective To review the incidence, clinical characteristics, course and treatment of neuropsychiatric effects of glucocorticoids.

Aim We have described the case of a 86-year-old woman. She had no personal and no psychiatric medical history in her family. She presented wrist arthritis requiring high doses of an oral corticoid treatment (prednisona 20 mg/d). After a week, she started with symptoms characterised by persecutory and surveillance delusions. Organicity was ruled out. The patient got a progressive recovery after starting anti-psychotic medication and progressive reduction of the steroid drugs.

Methods We have performed a literature review of the neuropsychiatric complications of glucocorticoids using the PubMed database.

Results Neuropsychiatric effects of glucocorticoids involve affective, behavioural, and cognitive manifestations. The incidence is variable, between 2 and 60% of patients who receive steroids. Although the effects of glucocorticoids are unpredictable, the administered dose is the most significant risk factor for the development of neuropsychiatric symptoms. Dosage reduction typically results in clinical recovery. Although the limited data on this subject, it is a problem that clinicians face on their regular basis. The administration of anti-psychotics or mood stabilizers may be beneficial in the prevention and treatment of this syndrome.

Conclusion The neuropsychiatric effects of glucocorticoids are unpredictable and non-specific. More controlled trials are needed in order to perform evidence-based clinical guidelines for the treatment with glucocorticoids and for the prevention of neuropsychiatric manifestations.

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Quality of life related to the health and socio-economic resources of the elderly

F. Daniel¹, A. Ferreira², H. Espírito-Santo³, R. Monteiro⁴, I. Massano-Cardoso^{5,*}, A. Silva¹

¹ Centro de Estudos e Investigação em Saúde da Universidade de Coimbra, Portugal, Coimbra, Portugal

² Câmara Municipal de Miranda do Corvo, Portugal, Coimbra, Portugal

³ Instituto Superior Miguel Torga, Centro de Investigação do Núcleo de Estudos e Intervenção Cognitivo, Comportamental, Portugal, Coimbra, Portugal

⁴ Centro de Estudos Sociais da Universidade de Coimbra, Portugal, Coimbra, Portugal

⁵ Miguel Torga Institute e Faculty of Medicine of the University of Coimbra, Portugal, Coimbra, Portugal

* Corresponding author.