perform a confirmatory factor analyses (using Mplus software) to verify if the three dimensions' structure fitted the data.

Methods   The sample comprised 234 students on their first three years of college education (78.2% female), between 18–26 years old (M = 20.55; SD = 1.66). Participants filled the Portuguese version of the MOCI.

Results   Our results showed that the MOCI Portuguese version with original 3-factor structure has a good fit ($\chi^2_{(227)} = 386.987$, $P < .05$; RMSEA = 0.053; 90%CI = 0.044–0.062; CFI = 0.928; TLI = 0.920; WRMR = 1.089). Good reliability was found for all subscales (Cronbach alpha < .80).

Conclusions   The MOCI Portuguese version reliably and validly assesses three OC symptom dimensions in young adults. Further research is needed to confirm this structure in Portuguese clinical samples.

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

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O034

What antipsychotic is more effective? Pafip three years longitudinal study comparing haloperidol, risperidone, olanzapine, quetiapine, ziprasidone and aripiprazole

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Introduction   Early stages after a first psychotic episode (FEP) are crucial for the prognosis of the disease. Those patients who drop out of treatment after a FEP show a significant increase in their vulnerability to relapse. Relapses associated a greater risk of neurotoxicity, chronicity, hospitalization, decrease of response to the treatment, increase of burden and functional decline.

Objectives   To determine what antipsychotic is more effective in the prevention of relapse after a first psychotic episode.

Material and methods   PAFIP is an assistance program focused on early intervention in psychosis. Between January 2001 and January 2011, 255 patients were recruited and randomly assigned to treatment with haloperidol (n = 48), olanzapine (n = 41), risperidone (n = 44), quetiapine (n = 34), ziprasidone (n = 38) and aripiprazole (n = 50). We compared the rates of relapse and remission reached by haloperidol, olanzapine, risperidone, aripiprazole, ziprasidone and quetiapine during a 3-year follow-up. All of the patients were antipsychotic naives at the beginning of the treatment.

Results   There were no statistically significant differences in regard to the rate of clinical remission. Patients assigned to the groups of aripiprazole, olanzapine and risperidone presented a solid trend to a significantly inferior rate of discontinuation for any reason since the beginning of the treatment.

Conclusions   These data point to a greater protection against relapse and a likely better prognosis related to the use of aripiprazole, Olanzapine and risperidone.

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

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O035

Predictors of sleep difficulties in college students

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Introduction   College students are known for their variable sleep schedules. Such schedules, along with other common student practices are associated with poor sleep hygiene. The persistence of the precipitating stressor is one of the factors involved in the persistence of insomnia.

Aims   To examine the role of the perceived stress, perseverative thinking, strategies of cognitive emotion regulation and negative affect as predictors of sleep difficulties.

Methods   The sample comprises 549 college students.

Measures   PSS-10, PTQ, CERQ and POMS-58. Three questions were used to access difficulties in initiating sleep (DIS), maintaining sleep (DMS) and early morning wakening (EMA). A Sleep Difficulties Index (SDI) was calculated by summing DIS, DMS and EMA scores.

Results   In total sample, the multiple linear regression explained 27.7% of the SDI total variance ($R^2 = .277$, $F(9, 375) = 15,942$, $P < .0001$). The significant predictors of the total variance of SDI were perceived distress ($B = .246$, $P = .0001$), repetitive thought ($B = .189$, $P = .005$), cognitive interference and unproductiveness ($B = -.188$, $P = .006$), rumination ($B = .130$, $P = .044$) and negative affect ($B = .156$, $P = .018$).

Conclusions   Preventive interventions focused on predictor factors (perceived stress, perseverative thinking, rumination and negative affect) should be considered in order to promote better mental health in college students.

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

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O036

Ultra high risk status and transition to psychosis in 22q11.2 deletion syndrome

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The 22q11.2 deletion syndrome (22q11DS) is characterized by high rates of psychotic symptoms and schizophrenia, making this condition a promising human model for studying risk factors for psychosis. We explored the predictive value of ultra high-risk (UHR) criteria in a sample of patients with 22q11DS. We also examined the additional contribution of sociodemographic, clinical and cognitive variables to predict transition to psychosis within a mean interval of 32.56176 months after initial assessment.

Eighty-nine participants with 22q11DS (age range: 8–30 years; mean: 16.1647) were assessed using the structured interview for psychosis-risk syndromes. Information on axis I diagnoses, internalizing and externalizing symptoms, level of functioning and IQ was also collected. At baseline, 22 (24.7%) participants met UHR criteria. Compared to those without a UHR condition, they had a significantly lower functioning, more frequent anxiety disorders and more severe psychopathology. Transition rate to psychosis was 27.3% in UHR and 4.5% in non-UHR participants. Cox regression analyses revealed that UHR status significantly predicted conversion to psychosis. Baseline level of functioning was the only other additional predictor. This is the first study investigating the predictive value of UHR criteria in 22q11DS. It indicates that the clinical path leading to psychosis is broadly comparable to that observed in other clinical high-risk samples. Nevertheless, the relatively high transition rate in non-UHR individuals suggests that other risk markers should be explored in this population. The role of low functioning as a predictor of transition to psychosis should also be investigated more in depth.

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

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O037

Family environment as predictor of adolescents' loneliness

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Introduction   At the present time, adolescents are in particular vulnerable to feelings of loneliness. They are gradually emancipating from their family and establish relationships with peers. Among the important predictors of loneliness belong genetic and personal variables and factors of social environment.

Objectives and aims   To examine predictors of adolescents' loneliness which are located in family environment. To find out how empathy, emotional relationship and control by both of parents contribute to loneliness of adolescent boys and girls.

Methods   We examined 206 adolescents in the age from 10 to 18 years through Basic Empathy Scale, Parenting Style Scale and UCLA Loneliness Scale. Stepwise multiple linear regression analysis was used for data analysis.

Results   The significant predictors of boys' loneliness in family environment are emotional relationship of mother and affective empathy of father. The significant predictors of girls' loneliness include emotional relationship and cognitive empathy of father. Parental control is not a significant predictor of adolescents' loneliness.

Conclusion   Adolescents' loneliness is largely influenced by factors of family environment. Our study highlights the role of emotional relationship provided by the opposite sex parent. Cold behavior of the opposite sex parent could reduce self-esteem and self-confidence of adolescents. Both could help them establish relationships with peers and people outside family, thus protecting them against loneliness. A significant predictor of boys' and girls' loneliness is also empathy of father. We recommend to make use of our findings in clinical practice with adolescents, in family therapy as well as in context of attachment.

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

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O038

A case control and follow-up study of "hard to reach" young people who also suffered from multiple complex mental disorders

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Aims   To describe the mental disorders and social function of the hard to reach young people (HTRYP) from the innovations project (IP) and compare to a matched sample from a community mental health team (CMHT).

Background   IP was a new multidisciplinary team based within an inner city, walk-in health centre, North East England (throughout 2011).

Methods   Phase 1 and 2: retrospective review of clinical case notes of YP who attended the IP and CMHT. Phase 3: 24-months follow-up evaluation of the mental state and social function, using Health of the Nation Outcome Scales for Child and Adolescent Mental Health (HoNOSCA) and Children's Global Assessment Scale (CGAS).

Results   Overall, 36 referrals accepted by the IP, 31 met criteria for HTRYP, 15 were offered individually tailored therapy. IP group experienced more deprivation compared to the CMHT matched sample ($n = 115$). At baseline, the HTRYP had more mental disorders, higher severity scores and lower levels of social function (HTRYP HoNOSCA mean: 19.1 and CMHT mean: 11.2 $P = <0.001$ and HTRYP CGAS mean: 51.0, CMHT mean: 58.9, $P = 0.05$). The HTRYP made significantly greater improvement compared to CMHTYP; (HoNOSCA $P = <0.001$ and CGAS $P = <0.002$). Thirteen HTRYP attended the follow-up review at 24 months compared with nine of CMHTYP. There was great variability in terms of social function between the YP within each sample.

Conclusion   The term "HTR" describes a state, which the YP may be at a particular point their lives. A service, which utilises a developmental theoretical framework, offers regular reviews and an individualised care plan, could reduce longer-term morbidity and mortality suffered by HTRYP.

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

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O039

Implications of COMT and subclinical psychiatric symptoms on the phenotypic variability of 22q11.2 deletion syndrome: A transversal and longitudinal approach

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Introduction   22q11.2 deletion syndrome (22q11.2DS) results from a hemizygous microdeletion on chromosome 22 and is characterized by phenotypic variability. Several studies have been