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The H&F-Multidimensional Perfectionism Scale 13 (H&F-MSP13): Construct and convergent validity

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Introduction The Hewitt and Flett Multidimensional Perfectionism Scale (H&F-MPS) is one of the most used measures of perfectionism. Their 45-items evaluate self-Oriented (SOP), Self-Precribed (SPP), and Other Oriented (OOP) perfectionism.

Objectives To study the internal consistency and convergent validity of the H&F-MSP13.

Methods One hundred and ninety-two university students (78.1% females), aged 19.74 years (sd = 2.10; range: 17–28) completed the Portuguese versions of H&F-MPS (Soares et al., 2003) and of Frost et al. MPS (F-MPS) (Amaral et al., 2013). Thirteen items were selected from the Portuguese version of the H&F-MPS, based on their loading in the factor (0.60 and over) (Soares et al., 2003).

Results The H&F-MSP13 revealed good internal consistency ($\alpha = 0.816$). The corrected item-total subscale Spearman's correlations were high (from 0.418 to 0.820). The principal component analysis with factors varimax rotation produced three factors, which revealed acceptable/good internal consistency (SOP: explained variance/EV = 35.4%, $\alpha = .900$; SPP: EV = 16.3%, $\alpha = 0.695$; OOP: EV = 10.8%, $\alpha = 0.709$). The correlations between the H&F-MSP13 scores and the matching scores of the H&F-MPS were high (from $r = 0.745$ to $r = 0.945$, all $P < .01$), suggesting that both scales measure similarly the constructs. The H&F-MSP13 and the H&F-MPS total scores demonstrate good convergent validity with the total score of F-MPS, as indicated by the correlations ($r = 0.581/r = 0.636$, respectively). The correlations similarities between the H&F-MSP13 and H&F-MSP dimensions and the F-MPS dimensions and total scores were also considerable.

Conclusions The H&F-MSP13 is a valid instrument to measure perfectionism that reveals convergent validity with the F-MPS, retaining the adequate psychometric properties of the H&F-MPS and its administration is less time consuming.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.771>

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Impact of psychotic symptoms in functionality and quality of life of major depression patients in maintenance/continuation electroconvulsive therapy (M/C ECT)

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Introduction Psychotic depression has a higher rate of disability and relapse than non psychotic depression, however the optimal maintenance treatment after an acute response to either the antidepressant/antipsychotic combination or an ECT course is unclear (Rothschild, 2013). Although ECT is an effective therapy in affective disorders and M/C ECT is used to achieve and maintain patient's sta-

bility (Brown, 2014), very little is known about its implications in functionality or quality of life.

Objectives To study the relation between psychotic symptoms and functionality and quality of life in patients with Major Depressive Disorder (MDD) undergoing M/C ECT.

Methodology Transversal descriptive study of a sample of 17 MDD patients in M/C ECT. Administration of SF-36 (quality of life related to health), FAQ (functionality), Family APGAR, MMSE, GAF, HDRS. Informed consent. Statistical analysis with SPSS18.

Results The mean age of the sample was 72.47 years, 58.8% presented with psychotic symptoms and 41.2% with melancholic symptoms. We only found a statistically significant negative correlation between the Family APGAR and the presence of psychotic symptoms ($U = -2.291$, $P = 0.025$), without other differences in terms of functionality or quality of life.

Conclusions This study supports that there is no implication in the presence of psychotic symptoms regarding functionality or quality of life among the patients undergoing M/C ECT. We emphasize the need for randomized control trials to disentangle the effects of multiple variables on the functionality and quality of life of patients in M/C ECT.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.772>

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Are there clinical and care differences in real care intensity among patients in general hospitals suffering from psychiatric comorbidity?

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Background According to literature, about 30–40% of individuals admitted in general hospitals suffer from psychiatric comorbidity. Consultation-liaison services (CLS) cover internationally 1–10% of admissions and are able to improve care quality, treatment adherence and to reduce length of stay.

Objectives To assess possible clinical and care differences between individuals with and without psychiatric comorbidity as well as differences among principal diagnostic groups.

Aims To find out, whether individuals suffering from specific psychiatric diagnoses show a higher degree of care needs held by a CLS.

Method Retrospective, ethical approved full-survey assessment ($n = 2940$) over three years (2012–2014). ICD-10 diagnoses, clinical factors and care variables were considered. Group differences were calculated by means of chi-square and ANOVA as well as Scheffé post-hoc estimation. Associations were conducted by means of multivariate regression as well as logistic regression models.

Results Individuals suffering from psychiatric comorbidity (48% of sample) were seldom primarily oncologic patients (30%), they showed more distress (DT = 6.5), more performance limitations (ECOG = 1.38), and less functionality (GAF = 59.6). They received more contacts by CLS (1.95), more cumulative treatment time (89.7 min), and more psychopharmacological interventions (30.6%). People suffering from recurrent depressive and somatoform disorders received much more contacts and treatment time than other diagnostic groups. Age was negatively associated with care intensity.

Conclusions CLS services are able to offer differentiated psychiatric care depending on diagnoses. Individuals suffering from classical psychiatric disorders received rather treatment as usual, oncologic patients more psychotherapeutic interventions.