

Background Patients with schizophrenia have a higher prevalence of physical illness and a higher mortality from natural causes than the general population, which is a reason why they can be hospitalized for medical and surgical pathologies.

Aims To determine the demand, the reason for consultation and the sociodemographic characteristics of the psychotic patient admitted at the general hospital.

Methods Sociodemographic variables (age, sex, marital status, education, place of residence, residential housing, with who they live, work status) and health care (service of origin, type of request and its relevance, complaints, days of delay between the request and assistance, number of visits, average length of stay).

Study design Prospective epidemiological study of 80 psychotic patients (F.2 ICD-10), from the total of 906 consults solicited from 1 January 2012 until 31 December 2014. Bioethical considerations: compliance with these principles justice, non-maleficence, autonomy and beneficence.

Results The average age is 58.34 years old, 60% were male, 73.8% single, 81.3% with primary education, 52.5% living in urban areas; and the 88.8% of cases were pensioners. The Departments that generate a greater demand are Internal Medicine (53.8%), Orthopaedic Surgery (10%), Pneumology (8.8%) and ICU (8.8%). The most frequent reasons for consultation are assessment/treatment setting (77.5%), abnormal behavior (30%), disorientation (18.8%) and psychotic symptoms (18.8%).

Conclusions The typical profile of psychotic patients hospitalized for medical-surgical diseases is a male, middle-aged, single, with primary education and pensioner; from whom it's sued consultation for adjusting of treatment, and secondly for abnormal behavior.

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EW157

Inappropriate sinus tachycardia – cardiac syndrome or anxiety-related disorder?

P. Rasmus¹, E. Kozłowska², T. Sobow^{1,*}

¹ Medical University of Lodz, Medical Psychology, Lodz, Poland

² Medical University of Lodz, Experimental Immunology, Lodz, Poland

* Corresponding author.

Introduction Relation between psychology, psychiatry and cardiology are multidimensional and begin to have growing importance in the diagnosis and treatment of patients of cardiosurgery, electrocardiology and cardiac rehabilitation. Inappropriate sinus tachycardia (IST) is a rarely diagnosed clinical syndrome characterized by excessive resting heart rate (HR) or disproportional increasing HR during exercise. The mechanisms of IST are not well understood. It is speculated that psychological factors might be of importance.

Aims The purpose of the study was to evaluate possible relation between the level of anxiety, personality traits and control of emotions, emotional intelligence, coping with stress strategies and manifestation of IST.

Methods The participants were 23 women with a diagnosis of IST (age range 31.8 ± 8.72) and 23 women (28.7 ± 4.4) without cardiac diseases. The research applied psychological tools including: State-Trait Anxiety Inventory, NEO-Five Factor Inventory, Courtauld Emotional Control Scale, Emotional Intelligence Questionnaire, Coping Inventory for Stressful Situations and an originally developed sociodemographic questionnaire.

Results It has been found that that the group of women with IST received higher results in Trait Anxiety Inventory compared to the group of healthy women and the relation was highly statistically significant ($P=0,009$). No other differences were found.

Conclusions Inappropriate sinus tachycardia can be considered as an anxiety related disorder. However, its pathogenesis and classification position remains elusive.

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EW158

Aspects of cardiac anxiety in patients with a myocardial infarction

M.H. van Beek^{1,*}, R.C. Oude Voshaar², G. Pop³, A.E. Speckens⁴

¹ Radboud University Medical Center, Psychiatry, Nijmegen, Netherlands

² University of Groningen- University Medical Center Groningen, University Center for Psychiatry- and Interdisciplinary Center Psychopathology and Emotion Regulation, Groningen, Netherlands

³ Radboud University Medical Centre, Cardiology, Nijmegen, Netherlands

⁴ Radboud University Medical Centre, Psychiatry, Nijmegen, Netherlands

* Corresponding author.

Introduction When the heart is in danger – as is true during a myocardial infarction (MI) – this is life-threatening and as such can provoke specific fear: so-called cardiac anxiety. Both general anxiety and depression are associated with cardiac prognosis in MI-patients. However, as most treatment studies have not shown beneficial effects on cardiac prognosis, the need to examine specific aspects of anxiety and depression post-MI has been advocated.

Methods We examined whether cardiac anxiety can be reliably assessed with the Cardiac Anxiety Questionnaire (CAQ) in 237 hospitalized MI-patients. Cross-sectional associations were explored, as well as possible trajectories of cardiac anxiety in the year post-MI (by latent class-analysis) and its association with quality of life. Finally, the prognostic association of cardiac anxiety with major adverse cardiac events (MACE) including all-cause mortality was examined with cox-regression-survival analysis.

Results The CAQ is a valid and reliable instrument in MI-patients and assessed fear, attention, avoidance of physical exercise, and safety-seeking behavior. Higher cardiac anxiety was associated with more psychological distress but lower severity in cardiac injury. In the year post-MI four cardiac anxiety trajectories were identified; higher cardiac anxiety was associated with worse quality of life. CAQ score significantly predicted MACE in a five-year-follow-up period, even after adjustment for age, cardiac disease severity and depressive symptoms ($HR_{baseline}$: 1.60 [95% CI: 1.05–2.45], $P=0.029$; $HR_{3-months}$: 1.71 [0.99–2.59]; $P=0.054$).

Conclusion Cardiac anxiety is an important and potentially modifiable factor in the treatment of MI-patients: it is prevalent and associated with quality of life and cardiac prognosis.

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

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Cultural Psychiatry

EW159

The experience and impact of stigma in Saudi people with a mood disorder

D. Alateeq^{1,*}, A. AlDaoud¹, A. AlHadri^{1,2}, H. AlKhalaf¹

¹ King Saud University- College of Medicine, Department of Psychiatry, Riyadh, Kingdom of Saudi Arabia

² King Saud University- College of Medicine, SABIC Psychological Health Research & Applications Chair, Riyadh, Kingdom of Saudi Arabia

* Corresponding author.

Introduction Self-stigma plays a powerful role in attitudes toward mental illness and seeking psychological services. Assessing stigma from the perspective of people with mood disorders is important as they were ranked as major causes of disability.

Objectives To determine the extent and the impact of stigma experience in Saudi patients with mood disorder and compare them between depression and bipolar disorder patients. To test if stigma is a universal experience and has similar psychosocial impact across cultures.

Aim It's a part of multicenter international study comparing its results to the universal experiences in the perspectives of individuals with mood disorder.

Methodology We randomly interviewed 94 individuals with mood disorder at King Khalid University Hospital using valid reliable tool, Inventory of Stigmatizing Experiences (ISE), which has two components: Stigma Experiences Scale (SES) and Stigma Impact Scale (SIS).

Results ISE was validated in a population of Saudi patients with mood disorder. There were no significant differences in stigma between patients with bipolar or depressive disorder on SES or SIS. However, over 50% of all respondents tried to hide their mental illness from the others, and to avoid situations that might lead them to be stigmatized. In comparison with the Canadian population, Saudi participants scored lower on both SES and SIS, which may be due to cultural differences.

Conclusion Stigma associated with mood disorder is serious and pervasive. It's important first to understand how patients perceive stigma in order to conduct successful anti-stigma programs. The ISE is a highly reliable instrument among cultures.

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

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EW160

Social skills training group with Turkish immigrants: Results of a pilot study

U. Altunoz*, S. Bozkurt, V. Bannasch, S. Castro-Nunez, I.T. Graeff-Callies

Klinikum Wahrendorff Psychiatry Hospital, Transcultural Psychiatry, Hannover, Germany

* Corresponding author.

Introduction Social skills training (SST) is an element of cognitive-behavioral therapy, which focuses to improve verbal-nonverbal behaviors involved in social interactions.

Aims-objectives To assess the effectiveness of a standardised 8-sessions-SST-group therapy (Hinsch&Pfungsten) in Turkish Immigrants who have anxiety/depressive disorders.

Method German-Turkish translations-backtranslations of contents and materials of the standardised 8-sessions-SST-group therapy were performed. These weekly eight group sessions applied by two Turkish-psychotherapists to 8 voluntary Turkish-Immigrants (F/M=4/4, age=50±5.4), who were in treatment for anxiety/depressive disorders in our transcultural outpatient-clinic in Hannover, Germany. Symptom-Checklist-90 (SCL-90) and Insecurity Questionnaire (I-Q) administered before and after the treatment program. Seven patients completed pre-post scales.

Results Table 1 presents the scale scores. There was no significant improvement in global-symptom-severity and insecurity-profiles after the SST. One of the psychotherapists and one of the patients were interviewed to discuss qualitatively possible reasons of that.

Psychotherapist I think patients were not comfortable with many pencil-paper homeworks. Daily-life-examples were too close to German culture. Therefore it's crucial to culturally modify the sessions.

Patient I found the sessions-homeworks strict and different from my thinking style and culture.

Conclusions Qualitative data of this study stated that no improvement may be caused by eurocentric nature of the psychotherapeutic approach. Berry (2006) suggested that such interventions may generate/exacerbate acculturative-stress and may not be beneficial for the patient. Further studies should investigate effectiveness of culturally-modified SST in Turkish immigrants.

Table 1 Scale scores before and after the SST.

	Pre (n = 7)	Post (n = 7)	Wilcoxon-Signed-Ranks-Test
SCL-90-Global-Symptom-Index	2.76 ± 0.5, min-max = 1.84–3.21	2.73 ± 0.8, min-max = 1.50–3.63	Z = -0.507, P > 0.1
I-Q	203 ± 44.6, min-max = 137–264	216.7 ± 44.8, min-max = 128–265	Z = -1.183, P > 0.1

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EW162

Immigrants in emergency rooms: The role of culture in the diagnostic process and diagnostic certainty

F. Collazosp^{1,*}, C. Gutierrez², P.D.R. ruth³, V.M. Carmen³, L. William⁴

¹ Vall d'Hebron Institute of Research, Psychiatry, Barcelona, Spain

² Hospital Sagrat Cor Martorell, Psychiatry, Barcelona, Spain

³ Fundación Jiménez Díaz, Psychiatry, Madrid, Spain

⁴ Disparities Research Unit Massachusetts General Hospital, Psychology, Boston, USA

* Corresponding author.

Introduction Transnationalism provides a serious challenge in mental health care, especially due to the crucial role of communication. Emergency room interactions offer an opportunity to analyze the role of cultural competency among providers and how they relate to immigrants in the clinical encounter.

Objectives This study addresses three aims: to assess the level of provider-perceived accuracy of diagnoses; to evaluate the use of restraints; and to compare diagnoses rates between patients of diverse racial/ethnic groups.

Methods We examined patients' race/ethnicity and their relation to service use and perceived certainty of mental health diagnoses. Three hundred and forty-seven migrants and 67 natives as well as their providers were interviewed in psychiatry emergency rooms in Barcelona (Spain).

Results The perceived certainty of clinical diagnosis is lower for Asians (OR=0.2, 95% CI [0.07–0.63]), and higher when the clinician feels comfortable with the patient (OR=5.41, 95% CI [2.53–11.58]). The probability of restraints is higher for Maghreb patients compared to native born (OR=3.56, 95% CI [1.03–12.26]). The probability of compulsory admission is lower for Latinos compared to native born (OR=0.26, 95% CI [0.08–0.88]). The probability of receiving a diagnosis of psychosis is lower when the clinician can communicate in the patient's language (OR=0.37, CI 95% [0.16–0.83]).