

**Methods** Retrospective study ( $n = 80$ ). Structured interview were based on WHO instruments: WHO WMH CIDI and WHO Pathways to care encounter form.

**Results** Average age was 38 years, more females (72.5%). The delay period was 7 years ( $GAD = 8.7$ ;  $SF = 8.2$ ,  $PD = 5.9$ ), during which at least 2 episodes of the disease. The most popular specialists were: neurologists (19%), psychiatrists (17%) (one-time visits to which were not accompanied by the appointment of a standardized course of treatment for an adequate period of time) and therapists (15%). Non-medical care was 10% of all studied (psychologists–5%, healers–3%, priests–2%). SF–psychiatrists (43%), therapists (14%), psychologists (14%); GAD–psychiatrists (22%), neurologists (19%), psychotherapists (11%), ambulance doctor (11%); PD–therapists (22%), neurologists (22%), ambulance doctor (17%), cardiologists (9%).

**Conclusions** The findings suggest that patients with anxiety disorders have a long period of delay in receiving specialized care that causes the value of the social and economic burden of anxiety disorders in the community.

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

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#### EW0010

### (Re)examining the factorial structure of the generalized anxiety disorder-7 in a college students sample

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**Introduction** Generalized anxiety in young adults during college career is a serious public-health problem that untreated has a chronic course. Research has shown that the self-report questionnaire generalized anxiety disorder-7 (GAD-7) is a reliable and valid measure to assess generalized anxiety symptoms severity in heterogeneous psychiatric samples. However, GAD-7 is not available for non-clinical populations and their factor structure has not been re-examined.

**Objectives** Our objective was to examine factor structure and measurement invariance of the GAD-7 among college students testing two alternatives models.

**Aims** The original model fit of single-factor was compared to two-factor model that considered in comprehensive approach of generalized anxiety the assessment of cognitive-emotional nature and somatic symptoms.

**Methods** In this cross-sectional study the GAD-7 was administered to college students ( $n = 1031$ ) recruited in the six schools which compose the Polytechnic Institute of Coimbra, Portugal. Confirmatory factor analysis was used testing two models.

**Results** Among college students, 32.8% reported significant generalized anxiety symptoms. The original unidimensional structure of GAD-7 was confirmed but the two-factor model comprising cognitive-emotional and somatic factors presented better fit to the data ( $\chi^2(1) = 21.01$ ,  $P < 0.001$ ). This latent factor were positively associated ( $r = 0.51$ ,  $P < 0.001$ ) and presented a good internal consistency ( $\alpha = 0.85$  and  $\alpha = 0.86$  for cognitive-emotional and somatic items, respectively). The invariance factor of two-factor model across gender was also confirmed.

**Conclusions** Results indicate that within college communities the GAD-7 integrates two stable generalized anxiety factors related but independent structure. The GAD-7 can be an adequate measure to detected generalized anxiety symptoms in this population.

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

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#### EW0011

### An investigation of childhood trauma in patients with panic disorder

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**Introduction** It is widely known that childhood traumatic life situations are associated with most of the adult life psychiatric disorders such as disassociative disorders, mood disorders, anxiety disorders and so on.

**Objectives and aims** The purpose of this study to examine the relationship between childhood traumatic experiences and panic disorder development.

**Methods** The sample of this study consists of 59 outpatients who applied to the department of psychiatry in addition to 61 healthy individuals serving as the control group. These 59 individuals, located within the range of 18 to 65 years, were selected from outpatients who had been diagnosed with panic disorder based on DSM-V diagnosis criteria who did not have any other mental disorder. The 61 healthy individuals in the control group were selected from hospital attendants who had not received any psychiatric diagnosis. The participants were administered the childhood trauma questionnaire (CTQ) and a socio-demographic form.

**Results** The participants in the panic disorder group were found to have significantly high scores in comparison to the control group with respect to CTQ subscales (i.e., the emotional neglect and the emotional abuse subscale) and the total CTQ score. Hence, there exists a strong relationship between childhood traumatic experiences and panic disorder development.

**Conclusion** The results revealed that childhood traumatic experiences play an active role in the development of panic disorder. Moreover, it was found that the type and quality of trauma experienced during the childhood period is one of the predictors for the psychiatric disease that can occur in the future years.

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#### EW0012

### Could deficits in the recognition of emotions that indicate social approval be associated with musical performance anxiety?

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**Introduction** Proper recognition of facial expressions of emotion is crucial for human social relationships. Impairments in the capacity to process facial information may play an important role in the etiology and maintenance of certain mental disorders, especially music performance anxiety (MPA).

**Objective** To assess the recognition of facial expressions of emotion in musicians compared to a group of subjects from the general population, considering also the presence/absence of MPA.

**Methods** Hundred and fifty amateur and/or professional musicians who regularly take part in public performances (GM) and 150 subjects from the general population (GP) completed a task of facial emotion recognition and were assessed in terms of accuracy and reaction time. The group of musicians was subdivided between subjects with and without MPA indicators. Data were analyzed using Student's *t* test ( $P < 0.05$ ) within the statistical package for the social sciences.

**Results** GM were less accurate and had a longer reaction time in the recognition of facial happiness ( $P < 0.001$ , effect size: 0.25–0.44) compared to GP. Musicians with MPA had a still lower accuracy in the recognition of happiness, as well as longer reaction times for emotions as a whole ( $P < 0.04$ ; effect size: 0.32–0.40) compared to musicians without MPA.

**Conclusion** The poorer performance of musicians in the recognition of happiness suggests difficulties to recognize indicators of social approval, which may negatively affect performance through increased anxiety and negative thoughts that can favor the onset of MPA.

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

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#### EW0013

### A single dose of oxytocin on music performance anxiety: Results involving a situation of simulated performance

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**Introduction** Music performance anxiety (MPA) is a persistent and distressing experience that involves apprehension linked with musical performance in public (individual or collective). Anxious individuals concentrate their anxiety in situations that involve social scrutiny, favoring distorted, dysfunctional, and negative interpretations of that situation followed by experiences of physiological symptoms associated with the exposure. The most commonly used substances in the pharmacological management of MPA are beta-blockers and benzodiazepines. However, these options are not fully efficient and cause relevant side effects that interfere mainly with performance. Therefore, investigations on alternative substances to treat MPA are highly opportune.

**Objective** To assess the acute effects of oxytocin (OT) on physiological and cognitive variables during an experimental model of simulated performance.

**Methods** We assessed 12 musicians with MPA pre-treated with intranasal OT (24 UI) or placebo in a crossover trial involving an experimental situation of public performance. Cognitive and physiological measures (heart rate, blood pressure, salivary cortisol) were recorded before/during performance (anticipatory performance anxiety). Statistical analyses were made using Stata Direct.

**Results** The results showed no effects of OT on physiological symptoms ( $P > 0.190$ ). In respect to anticipatory anxiety, however, we found a tendency for OT to reduce negative cognitions associated with music performance ( $P = 0.06$ ). No side effects were reported by musicians throughout the trial.

**Conclusion** These tendencies, if confirmed through the expansion of the sample, have important implications for the practice of amateur and professional musicians who could benefit from interventions as the one described, possibly with a lesser impact of side effects.

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#### EW0014

### Music performance anxiety: Perceived causes and coping strategies

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**Introduction** The understanding of the causes of music performance anxiety (MPA) and of strategies to cope with it is important for the comprehension/management of this common condition in musicians.

**Objective** To investigate the causes of MPA reported by Brazilian musicians and the efficacy of the most commonly used strategies to cope with it.

**Methods** Two hundred and fourteen Brazilian musicians (53% professional/musicians from orchestras, 67% male, mean age: 34.02 years, 65% with over 11 years of education, 42% of which played string instruments) completed different self-rating scales to assess the presence/absence of MPA.

**Results** Thirty-nine per cent of the musicians had indicators of MPA. The most commonly reported causes were repertoire difficulty (57%), concerns about audience response (52%), and self-pressure (51%). The most common coping techniques included breathing/relaxing techniques (66%) and increased practice (53%), regarded as efficient by at least 49% of the musicians. Strategies like seeing a doctor/psychiatrist/psychologist and taking antidepressant/anxiolytic medication were among the least frequently used in the sample. Also, 18% of musicians with MPA used beta-blockers and 6% used non-prescribed medications. Comparatively, musicians with MPA believed that it was associated with a higher number of conditions and regarded coping techniques as less efficient.

**Conclusion** Musicians consider internal situations to be the most frequent causes of MPA and use different coping strategies with average effectiveness. Results highlight the poor use of well-established therapeutic resources and the occurrence of self-medication in the sample, which together point to the need for attention on the part of mental health professionals to this specific group.

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#### EW0015

### Pregabalin in somatoform disorders

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Somatoform disorders (SD) are an example of the complex interaction between mind and body.

To estimate the efficacy of pregabalin (PG) versus combination of pregabalin and antidepressants in patients with SD who were previously on long-term treatment with at least three antidepressants (SSRI, SNRI, SARIs, SNDIs, MAOI, TCAs) in an adequate therapeutic dose and had a partial response on it. In this open label trial investigators diagnosed 41 patients by standard clinical interview as F 45.0 and F 45.4 according to ICD-10 criteria and divided them in two groups: experimental (Pregabalin, 20 patients) and control