

development of intimate relationships that may help patients leaving an unhelpful isolation condition.

Increase the awareness of different sexual and affection aspects: physiological, anatomic and reproductive, relational and communicative, emotional, social and cultural, playful and pleasant ones. The 18 meetings interventions were done using a psychoeducational model; an active leading group manner (role plays and simulations) was used in order to ease the exchange of views between patients and the group leader.

We did a first round of meetings with ten patients who participated actively; we also submitted to them a questionnaire – before and after the intervention – in which we collected knowledge and opinions about different themes (contraceptives, risk awareness, affective relationships etc.).

From a qualitative analysis of the results we saw a knowledge-improvement about the dealt themes, and also, in some cases, we identified a modification in some problematic behaviours. The sample it's still too small for statistical analysis.

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#### EV1122

### Emotional management training in residential mental health services

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A core element for the treatment of psychiatric patients in mental health services is the Psychosocial Rehabilitation. In this work we mainly refer to a training whose targets are fundamental components of the Emotional Intelligence (EI), which is, according to the original Salovey and Mayer's definition (1990), "a set of skills hypothesized to contribute to the accurate appraisal and expression of emotion in oneself and in others, the effective regulation of emotion in self and others, and the use of feelings to motivate, plan, and achieve in one's life".

The purpose of this study is to evaluate the efficacy of Emotional Management Training and to compare our emotional management assessment to standardized emotional intelligence assessment instruments.

Twenty adult inpatients (from 18 to 55 years of age) were enrolled: ten subjects were assigned to a one year lasting emotional management training (clinical target group) and ten subjects were assigned to a clinical control group; furthermore twenty subjects were selected and assigned to a non-clinical control group. Outcome measures were: emotional management assessment, Schutte Emotional Intelligence Scale (SEIS) and Toronto Alexithymia Scale (TAS-20).

Emotional management assessment outcomes confirm the efficacy of emotional management training. Preliminary results also confirm the effectiveness of the assessment compared to standardized emotional intelligence scales.

Emotional management training improves psychiatric patient competence in terms of: emotions definition and acknowledgement, self-emotion identification, self-emotion sharing, management of stressing situation and intense emotions.

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## Research methodology

#### EV1124

### Does clinical change always means the same? Comparison of different perspectives

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*Introduction* In psychiatric practice, the assessment of change from pre- to post-treatment is a key approach for monitoring treatment effects and for the prediction of treatment outcomes. The Health of the Nation Outcome Scales (HoNOS) as a clinician-rated measure and the Brief Symptom Inventory (BSI) as a self-report measure are tools (that are) often incorporated in outcome monitoring. Their usefulness, however, has been questioned by two important issues: their psychometric properties and their lack of concordance.

*Aims and objectives* The aim of the study is to evaluate the responsiveness of HoNOS and BSI as well as their interactions to predict clinical meaningful change according to the Global Clinical Impression (CGI) as quasi-gold standard for treatment outcome.

*Methods* A consecutive sample of patients admitted to a Swiss psychiatric hospital for either alcohol use disorders, schizophrenic psychoses, mood disorders, anxiety and somatoform disorders, or personality disorders was assessed with Brief Symptom Inventory (BSI) at admission and discharge. The HoNOS and the CGI were rated by the responsible clinicians at admission and discharge. Ordinal logistic regressions will be conducted using the CGI categories as ordered categorical outcome. HoNOS and BSI scores as well as their interaction terms will be used as independent variables.

*Results and conclusion* Complete data of admission and discharge is available from approximately 600 cases. Graphical presentations will illustrate the resulting associations.

*Keywords* Clinical Global Impression; Health of the Nation Outcome Scales; Brief Symptom Inventory; Outcome monitoring; Ordinal regression

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#### EV1125

### Descriptive study of the treatment of delusional disorder. Survey study DELIRANDA

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*Introduction* We currently lack clinical guidelines for the treatment of Delusional Disorder (DD) F-22, the low prevalence of the disease coupled with no awareness of illness and poor adherence to prescribed treatment make it difficult to study. The limited evidence available for the treatment is based mainly on clinical series.

*Objectives* This study evaluates the knowledge and preferences in the treatment of the DD, in order to improve clinical practice and gain information of the DD to conduct clinical studies of effectiveness of the different treatments.

*Material and methods* A self-administered survey was conducted on a sample of 80 psychiatrists proceeding on a wide array of mental health care services. Participants provided socio-

demographic data and information about clinical details, together with their opinions regarding the, epidemiological aspects, clinical management, diagnosis and therapy. Descriptive statistics were subsequently calculated with SPSS.

**Results** Most of our sample's of Psychiatrists estimated that the DD prevalence was higher than the one previously established. Ninety-three percent of the sample considered the SGAs as the first treatment option in DD, being Aripiprazol 20.7%, Risperidone 17.4% and Paliperidone 15% the first line treatment chosen by our Psychiatrists.

**Conclusions and proposals** There is an increasing gap between the old standard DD treatment and the clinical practice of Andalusian Psychiatrists, for this reason we emphasize the need of implementing clinical trials and effectiveness clinical studies.

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

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## EV1126

### Psychiatrists' opinion on treatment adherence in Delusional Disorder

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**Introduction** Delusional Disorder (DD) F22 is a disease with low prevalence, probably underdiagnosed by clinical specialists due to the high level of functionality, low awareness of disease, low deterioration of patients and poor adherence to prescribed treatment. Adherence to treatment is considered to be one of the major difficulties that stand in the way of the treatment of DD. The present paper assessed psychiatrists' opinion of the adherence to treatment of patients with DD.

**Material and methods** A self-administered survey was conducted on a sample of psychiatrists proceeding on a wide array of mental health care services. Participants provided their opinions regarding adherence to treatment. Descriptive statistics were subsequently calculated with SPSS.

**Results** In the opinion of our participants none of the patients have an active compliance of the treatment, 36% consider that the participation is partial or passive. It is also estimated that 57.5% reject the treatment but not totally and 6.5% believe that rejection is absolute.

**Conclusions** Literature informs of the association of poor adherence to treatment and little or no improvement of patients, suggesting the need to address the lack of compliance and adherence to treatment as a crucial aspect to improve the prognosis of DD. To address this problem Long Acting Injections (LAIs) of Atypical Antipsychotics are postulated to be a plausible solution as a good treatment strategy. In order to improve the clinical practice in DD and obtain information for further effectiveness we emphasize the need of implementing clinical studies.

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## EV1127

### Internet-based survey applied to experts in schizophrenia: Socio-demographic and professional variables associated to response pattern

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**Introduction** In the framework of the development of the International Classification of Functioning, Disability and Health Core Set for schizophrenia, we conducted a cross-sectional, internet-based survey using open-ended questions. An international pool of experts from diverse health care disciplines was surveyed to identify problems in functioning experienced by individuals with schizophrenia.

**Objectives** The purpose of the study is to explore possible associations between experts' socio-demographic and professional profiles, and whether they answered or not the survey.

**Methods** Out of 307 invited experts, 189 (61.56%) filled in the survey. However, 37 experts were excluded in the data analysis as they had completed only a part of the questionnaire. Thus, there were 152 of the experts classified as "respondents" and the remaining 155 as "non-respondents". The association between the response pattern and the socio-demographic and professional variables (i.e., gender, World Health Organization region, discipline, and years of experience) was analysed by means of Chi<sup>2</sup> tests.

**Results** There was a statistically significant association between the response pattern and the gender of the expert ( $\chi^2(1)=4.927$ ,  $P=0.026$ ;  $V=0.127$ ), showing that 56.3% of female and 43.6% of male experts answered the survey. When comparing the response pattern in terms of discipline, a statistically significant association was also found ( $\chi^2(4)=10.101$ ,  $P=0.039$ ;  $V=0.183$ ), showing that those who tend to answer the survey are occupational therapists (71.4%), followed by psychologists (58.0%), social workers (52.6%), nurses (52.0%), and psychiatrists (41.3%).

**Conclusions** Females and occupational therapists presented the higher response rate to the expert survey.

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## EV1128

### Comparing family members' perceptions of the family

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Family organization has arguably a determinative role in our healthy social-emotional and cognitive development, although we may have different perceptions of this system. Its background is in connection with the family members' different experience, knowledge and beliefs about the world. Furthermore, we are also prone to imagine others' mental representations that can help us to understand them better. Sometimes these meta-representations may be more accurate, while other times they may be incorrect. Although theories of mind tasks are well-known tools to explore (meta-) representations, the use of Gehring's (2010) Family System Test (FAST) in this way is less tested. The aim of this study was to compare the family members' perceptions of the family with one another. Children's and parents' family images were explored. In line with Smith, Myron-Wilson and Sutton's (2010) previous findings, my results confirmed the parents' increased ability to assess the children's perceptions. Finally, growing theory of mind abilities may also be in the background of the results above (Happé, Winner and Bownell, 1998). Subsequent studies have to broaden the focus and involve more methods, age groups in the investigations to know more about human cognitive processes.

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