load. In the third study the working memory domain was investigated using four different tests and single scores were not included therefore it was impossible to compare N-back data.

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

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EW392
Self-Concealment Scale: Validation of two Portuguese versions

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Introduction   Self-Concealment Scale (SCS) is composed of ten items to measure self-concealment, defined as a tendency to conceal from others personal information that one perceives as distressing or negative (Larson and Chastain, 1990).
Objective   To investigate the psychometric properties of the SCS-10 Portuguese version and of an adapted version containing two additional items specifically focused on self-concealment related do health problems (physical and psychological)–SCS-12.
Methods   The Portuguese version of the SCS-12 and other validated questionnaires designed to evaluate self-reported health, perfectionism and optimism-pessimism were administered to a convenience sample of 555 adults from the community (60.5% females; mean age = 43.49 ± 10.565).
Results   The SCS-10 and SCS-12 Cronbach's alphas were $\alpha < 0.80$. In both versions, all the items contribute to the internal consistency. The factor analysis, following the Kaiser and the Cattel's Scree Plot criteria, revealed that SCS-10 is unidimensional and that SCS-12 reliably and validly evaluates two dimensions: F1 Keeping secrets (Explained variance = 48.60%; $\alpha = 0.816$), F2 Personal concealment including health problems (9.65%; $\alpha = 0.797$). The pattern of correlations of the SCS dimensional and total scores was as follow: negative low correlations with physical health (@−0.20), negative moderate correlations with psychological health (@−.30), moderate correlations with self-oriented perfectionism, social-prescribed perfectionism (@0.25) and optimism (@−0.20).
Conclusions   The Portuguese versions of SCS have good reliability and validity (construct and convergent-divergent). The factorial structure partially overlaps with the original. SCS could be useful for research proposes, namely in an ongoing project on the role of the mentioned personality traits on illness and health behavior.

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EW393
Perseverative negative thinking prospectively mediates the relationship between perfectionism and psychological distress

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Introduction   We have recently found that Perfectionism and Perseverative Negative are both correlates of psychological distress/PD and that PNT mediates the relationship between perfectionism and PD (Macedo et al., 2015).
Objectives   To investigate if perfectionism and PNT are prospectively associated to PD and if PNT is a longitudinal mediator between perfectionism and PD, controlling for perceived stress and gender.
Methods   A total of 227 university students (80.1% girls) filled in the Portuguese validated versions of Perseverative Thinking Questionnaire (PTQ), Multidimensional Perfectionism Cognitions Inventory (MPCI), Profile of Mood States and Perceived Stress Scale, with an additional item to evaluate perceived social support/PSS at T0 and after approximately one year (T1) (Mean months = 12.77 ± 1.137). Only variables significantly correlated with the outcomes (Tension/Anxiety at T1 and Depression at T1) were entered in the conditional process analysis. The moderating role of perceived support on the link between Concern over Mistakes (MPCI) and psychological distress and between PTQ total score and psychological distress (anxiety and depression separately) was examined via conditional process analyses.
Results   The estimated models were significant ($F = 4.257$, $P = .002$; $F = 6.476$, $P < .001$) explaining 15.9% of tension-anxiety and 25.5% of depression variance. A significant conditional indirect effect of PTQ total score on psychological distress at average and higher levels of perceived support was found, in both models (anxiety and depression). On the contrary, the two models showed a non-significant conditional direct effect of Concern over Mistakes on psychological distress only at any level of perceived support.
Conclusion   PNT prospectively mediates the relationship between negative perfectionism and PD.

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

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EW394
Effects of different types of instruction on the Scores of PID-5 profile

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Introduction   Section III of 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a hybrid model of personality pathology, in which dimensional personality traits (PTs) are used to derive one of six categorical Personality Disorder (PD) diagnoses. The Personality Inventory for DSM-5 (PID-5) has been developed to assess PTs within this new system.
Objectives   PT is a tendency to feel, perceive, behave, and think in relatively consistent ways across time and situations. PD diagnosis is generally stated if a pattern of maladaptive PTs persists at least 5 years. Nevertheless, the PID-5 instruction does not cover duration of symptoms.
Aims   We have explored the effect of two different types of instructions, in which duration of symptoms is or is not explicitly mentioned, on the PID-5 scores. Moreover, we have asked whether the scores differ in psychiatric patients and healthy individuals.
Methods   Differences between original and modified instructions of the Czech PID-5 version have been evaluated in a group of 62 psychiatric patients and 38 healthy controls; each respondent has been administered both instruction types in random sequence. ANOVA

mixed design has been used to test the relation between groups and different sequence of administration.

Results We have found no consistent differences in PID-5 scores using the different types of instruction described above.

Conclusions In our sample, PID-5 seems to reflect strong beliefs of a subject regardless of symptoms' duration and could be reliably used with both types of instruction. The PID-5 represents an appropriate instrument for the assessment of maladaptive PTs.

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EW395

Perfectionism, cognitive emotion regulation and perceived distress/coping

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Introduction Perfectionism and cognitive emotion regulation (CER) mechanisms have been associated with perceived stress/coping, negative affect (NA) and mental problems. Comparatively, the correlates of Positive Affect (PA) have been less studied.

Aim To compare Perfectionism, CER and Perceived distress/coping by groups with different levels of NA/PA.

Methods A total of 344 medical students (68.4% girls) completed the Hewitt & Flett and the Frost Multidimensional Perfectionism Scales (H&F-MPS/F-MPS), the Profile of Mood States, the Perceived Stress Scale, and the Cognitive Emotion Regulation Questionnaire.

Results The subjects with high NA, when compared to those with low NA, showed significant higher levels of Evaluative Concerns (EC), Positive Striving (PStr), of H&F-MPS/F-MPS total and dimensions scores (excluding Organization) of Rumination, Blaming others, Self-blaming, Catastrophizing and Perceived distress (all $P < 0.01$). They also revealed lower levels of Positive reevaluation and planning; Positive refocusing, Putting into perspective and Perceived coping (all $P < 0.01$). The subjects with high and medium levels of PA, when compared to the subjects with low PA, showed significant lower levels of Perceived distress, EC, Socially-Prescribed Perfectionism, Doubts about action, Concerns over Mistakes, (all $P < 0.01$), Self-Oriented Perfectionism, PStr ($P < 0.01$, $P < 0.05$, respectively) and higher levels of Perceived coping, Positive reevaluation and planning, Positive refocusing, Putting into perspective (all $P < 0.01$) and Acceptance ($P < 0.01$, $P < 0.05$, respectively).

Conclusions NA is associated with perfectionism, high maladaptive and low adaptive CER, and also with high Perceived distress/low coping, which might increase the subject's vulnerability to psychopathology. Low perfectionism, high adaptive CER and perceived coping are associated with PA and might be protective factors.

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Post-traumatic stress disorder

EW397

Negative emotions and threat perception in narratives from battered women

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Introduction Trauma narratives contain a lot of emotion words, in comparison with narratives about other autobiographical memories. Negative emotion's words, as well as words about death (as an indicator of threat perception), have been associated to a worse adjustment after trauma. However, the different kind of negative emotions reported have been rarely explored. Also, in violence victims, the use of words about abuse might indicate threat perception.

Objectives Analyzing the use of negative words and threat perception (death and abuse words) in trauma narratives from 50 battered women, compared with stressful narratives from 50 non-traumatized women, and positive narratives. The relationship between narratives aspects and symptomatology is explored.

Aims Exploring differences in emotions and threat perception related to psychological functioning after trauma.

Methods Battered women were asked to remember the worst violence episode, whereas non-traumatized women narrated their most stressful experience. Both groups remembered also a neutral and a positive episode. LIWC software was used to calculate the percentage of different words used.

Results Anger was the most used negative emotion. Anger and sadness words were more reported in stressful and trauma narratives than in positive ones. There were differences between groups in the use of death and abuse words. Anger and abuse words were associated to anxiety and depression, but not PTSD symptoms. Death words were related to a better functioning.

Conclusions This study evidences the need to explore the role of different negative emotions in the posttraumatic adaptation. Also contextual aspects involved on threat perception must be considered.

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EW398

Gender differences in medical and psychiatric comorbidities in patients with posttraumatic stress disorder

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Introduction PTSD is associated with medical and psychiatric comorbidities. Less is known regarding differences in PTSD comorbidities and service use by gender.

Objectives To examine variations in comorbidities for PTSD by gender and implications for quality of care.