functions and psychiatric vulnerability has not been adequately studied, not even in people with intellectual developmental disorders (IDD), whose rate of mental health problems is up to 4 times higher than the general population.
Aim The aim of the present paper is to investigate the correlation between specific cognitive dysfunctions or dysfunctional cognitive patterns and the presence of specific psychiatric symptoms and syndromes in people with IDD.
Methods A sample of 52 individuals with IDD consecutively attending a clinical facility for multidisciplinary evaluation, in Florence, Italy was assessed through the SPAID (psychiatric instrument for intellectual disabled adult) system, the WAIS III - R (Wechsler adult intelligence scale III – Revised), the TMT (trial making test), and other neuropsychological tools. Psychiatric diagnoses were formulated by expert clinicians in accordance to DC-LD or DM-ID criteria. The main procedure of the data statistical elaboration was the calculation of frequency and correlation indexes.
Results Some relevant correlations have been found, that between executive frontal functions, autistic traits and impulse control disorder, and that between working memory and bipolar disorder were among the strongest.
Conclusions In people with IDD some cognitive alterations or 'characteristics' significantly correlate with the presence of psychiatric disorders. The possibility to understand the nature of this relationship seems to increase with the degree of specificity of variables in both the cognitive and the psychopathological assessment.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2020

EW0152

QuIQ (quick instrument for quality of life): A new instrument for a rapid assessment of generic quality of life

A. Bianco*, D. Scuticchio, M. Piva Merli, M.O. Bertelli
CREA Research and Clinical Center, San Sebastiano Foundation, Misericordia di Firenze, Florence, Italy
* *Corresponding author.*

Introduction Recently, new patient-oriented outcome measures have emerged in mental health research and practice. Among these, generic quality of life (GQoL) has gained a central place and has come to represent a valid endpoint in most settings, from basic care programs to clinical trials, especially for the field of intellectual disability (ID). However, most studies still refer to health-related QoL, and the tools for the assessment of GQoL present many issues related to the structure complexity and administration time.
Aim The purposes is to evaluate psychometric properties of a new rapid tool for the GQoL assessment named QuIQ (quick instrument for quality of life), originally constructed for use for people with ID.
Methods Two hundred and ten persons with ID were consecutively administered with the QuIQ. A part of them were also assessed with the BASIQ, the Italian adaptation of the quality of life instrument package. QuIQ has the same conceptual framework and refers to the same areas of the BASIQ, but include a low number of dimensions (only attribution of importance and perception of satisfaction) and a factor way of score attribution such as visual analogue scale and graphic geometrical mean calculation.
Results QuIQ showed good internal coherence (Cronbach's $\alpha = 0.92$), inter-rater reliability (Cohen's $K > 0.93$), and concurrent validity (> 0.8) with BASIQ.
Conclusion These findings seem to display for the QuIQ good psychometric characteristics. They also suggest that it could be possible to apply rapid QoL assessment to all the range of people with ID. This could have very important implications for future massive use in different settings.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2021

EW0153

Predictors of the use of psychosocial interventions in Portugal: Results from the SMAILE project

G. Cardoso[1], A. Antunes[2,*], A. Loureiro[2], P. Santana[2], J. Caldas-de-Almeida[2], M. Silva[2]
[1] *NOVA Medical School, Faculdade de Ciências Médicas, NOVA University of Lisbon, Chronic Diseases Research Centre CEDOC, Lisboa, Portugal*
[2] *University of Coimbra, CEGOT, Centre of Studies on Geography and Spatial Planning, Coimbra, Portugal*
* *Corresponding author.*

Introduction The treatment of psychiatric disorders depends on a combination of different types of care, such as psychiatric treatment and psychosocial interventions. However, there is little research on the factors that determine access to care, particularly to psychosocial interventions.
Objectives To characterize the use of psychosocial interventions (psychotherapy, day hospital, and psychosocial rehabilitation) in users of outpatient psychiatric services in Portugal.
Aims This retrospective study analyses all outpatient psychiatric visits in four Portuguese departments of psychiatry in the metropolitan areas of Lisbon and Porto, and aims to evaluate the socio-demographic and clinical determinants of psychosocial interventions.
Methods Socio-demographic and clinical variables were obtained from clinical charts of outpatients' visits in 2002, 2007 and 2012 ($n = 2621$). All patients were characterized regarding the use of any psychosocial intervention beyond psychiatric consultations. Logistic regression analysis was performed to evaluate the predictors of psychosocial interventions use.
Results Being followed in 2012, being single, having no professional activity, and having a diagnosis of psychosis or common mental disorder were significantly associated ($P < 0.05$) with higher odds of accessing psychosocial interventions. On the other hand, a lower level of education was associated with less use of this type of care.
Conclusions Socio-demographic and clinical characteristics of psychiatric services, outpatients are determinants of the use of psychosocial interventions. Evidence suggests that social inequalities may influence the access to psychosocial interventions in Portugal.
Funding Fundação para a Ciência e Tecnologia (FCT), Portugal.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2022

EW0154

The burden of mental disorders in the eastern Mediterranean region, 1990–2013

R. Charara[1,*], A. Mokdad[2]
[1] *American University of Beirut Medical Center, Psychiatry, Beirut, Lebanon*
[2] *Institute for Health Metrics and Evaluation, University of Washington, Global Health, Seattle, USA*
* *Corresponding author.*

The eastern Mediterranean region (EMR) is witnessing an increase in mental illness. With ongoing unrest, this is expected to rise. This is the first study to quantify the burden of mental disorders in the EMR. We used data from the global burden of disease study (GBD) 2013. DALYs (disability-adjusted life years) allow

assessment of both premature mortality (years of life lost–YLLs) and nonfatal outcomes (years lived with disability–YLDs). DALYs are computed by adding YLLs and YLDs for each age-sex-country group. In 2013, mental disorders contributed to 5.6% of total disease burden in EMR (1894 DALYS/100,000 population): 2519 DALYS/100,000 (2590/100,000 males, 2426/100,000 females) in high-income countries, 1884 DALYS/100,000 (1618/100,000 males, 2157/100,000 females) in middle-income countries, 1607 DALYS/100,000 (1500/100,000 males, 1717/100,000 females) in low-income countries. Females had a greater proportion of burden due to mental disorders than did males of equivalent ages, except for those under 15 years. The highest proportion of DALYs occurred in the 25–49 age group. The burden of mental disorders in EMR increased from 1726 DALYs/100,000 in 1990 to 1912 DALYs/100,000 in 2013 (10.8% increase). Depressive disorders accounted for most DALYs, followed by anxiety disorders. Palestine had the largest burden of mental disorders. Nearly all EMR countries had a higher mental disorder burden compared to global level. Our findings call for EMR health ministries to increase provision of mental health services and to address stigma of mental illness. Our results showing the accelerating burden of mental health are alarming as the region is seeing an increased level of instability.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2023

EW0155

Facial emotion recognition ability in psychiatrists, psychologist and psychological counselors

M. Dalkiran[1,*], E. Yuksek[2], O. Karamustafalioglu[1]
[1] *Sisli Hamidiye Etfal Hospital, Psychiatry, Istanbul, Turkey*
[2] *Viransehir public hospital, Psychiatry, Sanliurfa, Turkey*
* *Corresponding author.*

Objectives Although, emotional cues like facial emotion expressions seem to be important in social interaction, there is limited specific training about emotional cues for psychology professions.

Aims Here, we aimed to evaluate psychologist', psychological counselors' and psychiatrists' ability of facial emotion recognition and compare these groups.

Methods One hundred and forty-one master degree students of clinical psychology and 105 psychiatrists who identified themselves as psychopharmacologists were asked to perform facial emotion recognition test after filling out socio-demographic questionnaire. The facial emotion recognition test was constructed by using a set of photographs (happy, sad, fearful, angry, surprised, disgusted, and neutral faces) from Ekman and Friesen's.

Results Psychologists were significantly better in recognizing sad facial emotion than psychopharmacologists (6.23 ± 1.08 vs 5.80 ± 1.34 and $P = 0.041$). Psychological counselors were significantly better in recognizing sad facial emotion than psychopharmacologists (6.24 ± 1.01 vs 5.80 ± 1.34 and $P = 0.054$). Psychologists were significantly better in recognizing angry facial emotion than psychopharmacologists (6.54 ± 0.73 vs 6.08 ± 1.06 and $P = 0.002$). Psychological counselors were significantly better in recognizing angry facial emotion than psychopharmacologists (6.48 ± 0.73 vs 6.08 ± 1.06 and $P = 0.14$).

Conclusion We have revealed that the pyschologist and psychological counselors were more accurate in recognizing sad and angry facial emotions than psychopharmacologists. We considered that more accurate recognition of emotional cues may have important influences on patient doctor relationship. It would be valuable to investigate how these differences or training the ability of facial emotion recognition would affect the quality of patient–clinician interaction.

Keywords Facial emotion recognition; Psychiatrist; Psychologist; Psychological counselors

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2024

EW0156

Family functioning, trauma exposure and PTSD in a middle-income community sample

S. Dorrington*, H. Zavos, H. Ball, P. McGuffin, A. Sumathipala, S. Siribaddana, F. Rijsdijk, S.L. Hatch, M. Hotopf
King's College London, Institute of Psychiatry, London, United Kingdom
* *Corresponding author.*

Introduction Only a minority of trauma-exposed individuals go on to develop post traumatic stress disorder (PTSD). Previous studies in high-income countries suggest that maladaptive family functioning adversities (MFFA) in childhood may partially ex-plain individual variation in vulnerability to PTSD following trauma. We test in a lower middle income setting (Sri Lanka) whether: (1) MFFA moderates the association between exposure to trauma and later (a) PTSD (b) other psychiatric diagnoses; (2) any moderation by MFFA is explained by experiences of interpersonal violence, cumulative trauma exposure or other psychopathology.

Methods We conducted a population study of 3995 twins and 2019 singletons residing in Colombo, Sri Lanka. Participants completed the composite international diagnostic interview, including nine traumatic exposures and a questionnaire on MFFA.

Results In total, 23.4% of participants reported exposure to MFFA. We found that (1) MFFA moderates the association between trauma exposure and both (a) PTSD and (b) non-PTSD diagnosis. (2) This was not explained by interpersonal violence, cumulative trauma exposure or other psychopathology.

Conclusions In our sample MFFA moderates the association between trauma and PTSD, and the association between trauma and non-PTSD psychopathology.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.2025

EW0157

Kbg syndrome and the establishment of its neuropsychological phenotype

J. Egger[1,*], L. Van Dongen[1], C. Stumpel[2], E. Wingbermuehle[1], T. Kleefstra[3]
[1] *Vincent van Gogh Institute, Centre of Excellence for Neuropsychiatry, Venray, The Netherlands*
[2] *Maastricht University Medical Centre, Department of Genetics, Maastricht, The Netherlands*
[3] *Radboud University Medical Centre, Department of Genetics, Nijmegen, The Netherlands*
* *Corresponding author.*

Objective KBG syndrome is caused by a mutation in the *ANKRD11* gene, characterized by short stature and specific dental, craniofacial and skeletal anomalies. Scarce literature on the phenotypical presentation mention delayed speech and motor development as well as mild to moderate intellectual disabilities. As to psychopathology, often, autism and ADHD are mentioned but not yet substantiated in terms of neurocognitive variables.

Aim Aim of the current study was to investigate neurocognitive aspects of KBG syndrome.

Participants and Methods Seventeen patients (aged 6–66 years; ten females) with a proven ANKRD11 mutation were compared with two different groups of patients with a genetic disorder and similar developmental ages ($n = 14$ and $n = 10$). Neuropsychological assessment was performed focusing on the level of intellectual