

**Introduction** Recent findings demonstrated significant overlaps among major psychiatric disorders on multiple neurocognitive domains. However, it is not clear which are the cognitive functions that contribute to this phenomenon.

**Objectives** To find the optimal clustering solution using the two-step cluster analysis on a sample of psychiatric patients.

**Aims** To classify into subgroups a cross-diagnostic sample of psychiatric inpatients on the basis of their neurocognitive profiles.

**Methods** Seventy-one patients with psychotic, bipolar, depressive and personality disorders hospitalised at Psychiatric Diagnosis and Care Service of Bufalini Hospital of Cesena participated in the study. The symptomatology was assessed using Health of the Nation Outcome Scales-Roma and Brief Psychiatric Rating Scale. Cognitive functions were evaluated using Tower of London, Modified Wisconsin Card Sorting Test, Judgment and Verbal Abstract Tasks test, Raven matrices, Attentional Matrices, Stroop Test and Mini Mental State Examination. Two-step cluster analysis was conducted using the standardized scores of each neurocognitive test.

**Results** Two groups were obtained: – group 1, with good cognitive performances; – group 2, with almost all subjects having impaired cognitive performances.

Executive functions and attention are the major determinants of the cluster solution. The clusters did not differ on socio-demographic correlates. Different diagnoses were equally distributed amongst the clusters.

**Conclusions** Two-step cluster analysis was useful in identifying subgroups of psychiatric inpatients with different cognitive functioning, overcoming other cluster techniques limitations. According to former literature, these results confirm a continuum of severity in cognitive impairment across different psychiatric disorders.

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#### EW0357

### ICD-11 psychotic disorders: Preliminary results of the case-controlled studies and the Russian opinion

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**Introduction** One of the WHO's innovations for improving the ICD-11 chapter Mental and Behavioral Disorders was the creation of the Global Clinical Practice Network (GCPN), an international network of more than 12,000 mental health and primary care professionals from 144 countries.

**Aims and objectives** In order to evaluate perceived clinical utility of the ICD-11 guidelines, the case-controlled field studies that involved the application of the proposed diagnostic guidelines to standardized case material were implemented via the Internet in different languages.

**Method** Two hundred and seventy-eight Russian mental health care professionals, the GCPN members, have participated in case controlled Internet study for the chapter “Schizophrenia and

Other Primary Psychotic Disorders”. Russian participants were represented by psychiatrists mostly (89%) and much less by psychologists (8%) which corresponds with the general situation in the Russian mental health care system.

**Results** Russian clinicians have used the proposed ICD-11 diagnostic guidelines successfully to assess delusional disorder as well as schizophrenia. But there were certain categories (schizoaffective disorder, subthreshold delusions) with which the participants seemed to struggle. The critical comments were focused on opposing so called syndrome-based assessment and nosological diagnostics. Most concerns were about elimination of Schizophrenia subtypes.

**Conclusion** Russian mental health care professionals proved to be interested in ICD revision process and demonstrated their special diagnostics opinion based on rich clinical traditions and psychopathological approach. In order to use ICD-11 guidelines in clinical practice more efficiently supplementary appropriate training would be needed.

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#### EW0358

### Exploring maternal mental health in Syrian refugee women

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**Introduction** There has been a rapid influx of 30,000 Syrian refugees in Canada, many are women of childbearing age, and most have young children. The literature reports that refugee women are almost 5 times more likely to develop postpartum depression than Canadian-born women. However, little is known about the experiences that the Syrian refugee women have encountered pre- and post-resettlement and their perceptions of mental health issues in general, and of maternal depression in particular. Thus, there is an urgent need to understand the refugee women's experiences of having a baby in Canada from a mental health perspective.

**Methods** Participants include Syrian refugee women who migrated to Saskatoon Canada in 2015–16 and who were either pregnant or up to one year postpartum. Qualitative data was collected via a focus group with thematic analysis, while depression with Edinburgh Postnatal Depression Scale (EPDS) and PTSD screening and sociodemographic descriptive data were collected from a structured questionnaire to provide context for the qualitative analysis.

**Results** Twelve women participated in the focus group, despite smiling often, 58% of them screened as probable depression (EPDS > 10), 25% screened positive for depression (> 12 on EPDS), and 17% screened positive for PTSD. None of the women indicated intimate partner violence or suicidal thoughts. All participants indicated social support, mostly partner, and 25% had a history of depression. Thematic analysis will be shared.

**Conclusions** Perinatal Depression is a serious problem for refugee women that deserve more in-depth study to ensure optimal outcomes and to develop services and programs.

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