Conclusions The Portuguese version of RAFS has good reliability and construct validity. It could be very useful both in clinical and research contexts, namely in an ongoing project on the relationship between regret, personality and psychological distress.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.599

EW482

Validation of the Depression, Anxiety and Stress Scale–DASS-21 in a community sample of Portuguese pregnant women

S. Xavier[1,*], E. Bento[1], J. Azevedo[1], M. Marques[1], M.J. Soares[1], V. Freitas[1], D. Mota[2], A. Macedo[1], A.T. Pereira[1]
[1] *Faculty of medicine - university of Coimbra, psychological medicine, Coimbra, Portugal*
[2] *Coimbra hospital and university centre- Portugal, psychiatry, Coimbra, Portugal*
[*] *Corresponding author.*

Introduction The Depressive Anxiety and Stress Scale (DASS-21; Antony et al., 1998) had been widely used to measure psychological distress among clinical and non-clinical populations, including in Portugal (Pais-Ribeiro et al., 2004). Although DASS-21 has been considered useful to evaluate psychological distress in the perinatal period, studies reporting on its psychometrics are scarce (Brunton et al., 2015).
Objective To investigate the psychometric properties of the DASS-21 in a Portuguese sample of pregnant women.
Methods Four hundred and twenty-seven pregnant women (mean age: 32.56 ± 4.785 years) in their second trimester of pregnancy (17.34 ± 4.790 weeks of gestation) completed the Portuguese versions of DASS-21 and of Postpartum Depression Screening Scale (PDSS-24; Pereira et al., 2013).
Results The DASS-21 Cronbach's alpha was "very good" (a = 0.92). Following the Kaiser and the Cattel Scree Plot criteria, two factorial structures were explored. Three factors structure (explained variance/EV = 57.18%): F1-stress (included 8 items; α = 0.89); F2-Anxiety (7 items; α = 0.79); F3-Depression (6 items; α = 0.82). In the two factors structure (EV = 50.96), the Stress and Anxiety items load in the same factor (F1: 15 items; α = 0.91) and the F2 is composed of the Depression items (F2: 6 items; α = 0.82). Pearson correlations between DASS-21 total and dimensional scores and the PDSS-24 scores were all significant, positive and moderate to high (@.50).
Conclusions The Portuguese version of DASS-21 has good reliability, construct and concurrent validity when used with pregnant women. Its factorial structure significantly overlaps with the original, with only one item loading in another factor. DASS-21 could be very useful in diverse settings in the perinatal period.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.600

EW483

Portuguese validation of the Version of the Regret Scale

D. Borges[1], A.T. Pereira[2,*], J. Borges[1], A.S. Cabral[3], S. Xavier[2], A. Macedo[2]
[1] *University of Coimbra, faculty of medicine, Coimbra, Portugal*
[2] *Faculty of medicine - university of Coimbra, psychological medicine, Coimbra, Portugal*
[3] *Coimbra hospital and university centre, Coimbra hospital and university centre, Coimbra, Portugal*
[*] *Corresponding author.*

Introduction Regret is defined as an aversive negative emotion associated to specific cognitive contents, felt when we consider that our current situation could be better, if we had taken a different decision (Zeelenberg and Pieters 1997). Regret Scale/RS corresponds to the regret-trait dimension of Regret and Maximization Scale developed by Schwartz et al. (2002).
Objective To investigate the psychometric properties of the RS Portuguese version.
Methods A community sample composed of 108 university students and 79 employees (78.1% females; mean age = 33.16 ± 13.175; range: 17-62) answered the Portuguese preliminary versions of the RS and Bedtime Counterfactual Processing Questionnaire (BCPQ) and also the Profile of Mood States to evaluate Negative Affect/NA. To study the temporal stability, 31 participants (83.9% females; mean age = 26.54 ± 18.761) answered the RAFS again after 6 weeks.
Results The EA Cronbach alpha was "very good" (a = 0.72). All the items contributed to the internal consistency. The test-retest correlation coefficient was high, positive and significant (0.72; $P < 0.001$). Following Kaiser and Cattel Scree Plot criteria, only one factor was extracted, meaning that the scale is unidimensional. Pearson correlations of EA and BCPQ2 and NA were significant and high (r@.50).
Conclusions The Portuguese version of RS has good reliability and validity. It could be very useful both in clinical and research contexts, namely in an ongoing project on the relationship between regret, personality and psychological distress.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.601

EW484

Bedtime Counterfactual Processing Questionnaire (BCPQ): Validation of the Portuguese version

J. Borges[1], D. Borges[1], A.T. Pereira[2,*], A.S. Cabral[3], J. Azevedo[2], A. Macedo[2]
[1] *University of Coimbra, faculty of medicine, Coimbra, Portugal*
[2] *Faculty of medicine - university of Coimbra, psychological medicine, Coimbra, Portugal*
[3] *Coimbra hospital and university centre, Coimbra, Portugal*
[*] *Corresponding author.*

Introduction Counterfactual thinking is a set of mental representations of alternatives to the past actions. When it focuses on personal decisions, the emotion that results is regret, which has important implications for psychological distress (Borges et al., 2015). The Bedtime Counterfactual Processing Questionnaire (BCPQ; Schmidt and Linden, 2009) was developed to assess the frequency of regret-related counterfactual thoughts during the pre-sleep period.
Objective To investigate the psychometric properties of the BCPQ (extended version) Portuguese version.
Methods A community sample composed of 108 university students and 79 employees (78.1% females; mean age = 33.16 ± 13.175; range: 17-62) answered the Portuguese preliminary versions of the BCPQ and Regret Scale (Schwartz et al., 2002). To study the temporal stability, 31 participants (83.9% females; mean age = 26.54 ± 18.761) answered the BCPQ again after 6 weeks.
Results The BCPQ2 Cronbach alpha was "very good" (a = 0.81). All the items contributed to the internal consistency. The test-retest correlation coefficient was high, positive and significant (0.78; $P = 0.05$); there was not significant difference between test and re-test scores [29.87 ± 5.309 vs. 30.13 ± 5.353, $t(30) = -0.204$, $P = 0.840$]. Following the Kaiser and the Cattel's Scree Plot criteria, two meaningful factors were extracted which explained variance (EV) was of 65.06%: F1 Regret (EV 43.17%; a = 0.88), F2 low pride

https://doi.org/10.1016/j.eurpsy.2016.01.602 Published online by Cambridge University Press

(21.88%; a = 0.88). Pearson correlations of EA total score with BCPQ2 and F1 were significant and moderate (r@.50) and with F2 was non-significant.
Conclusions Although the Portuguese version of the extended version of BCPQ has good reliability and validity, the low pride-related dimension seems to be relatively independent of regret.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.602

Schizophrenia

EW485

Frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia

S. Ahmed[1,*], G. Rasool[2]
[1] *Quetta, Pakistan*
[2] *Bolan medical college and complex hospital, psychiatry, Quetta, Pakistan*
[*] *Corresponding author.*

Objective The aim of the study was to determine the frequency of subtypes of irritable bowel syndrome in positive and negative subtypes of schizophrenia.
Methods Sixty-two drug naïve hospitalized patients between 18 and 65 years (mean age: 33.6) with first episode of schizophrenia based on DSM IV-TR and 69 control subjects matched for age and sex completed this study. A semi-structured clinical interview was used to assess both groups. Clinical data were obtained and basic lab investigations and ultrasonography of abdomen were done in all subjects to exclude any related abdominal pathology. Axis-I disorders of DSM IV-TR were excluded in control subjects. Positive and Negative Syndrome Scale (PANSS) and Rome III Urdu language version scale (cross-validation obtained) for irritable bowel syndrome (IBS) were administered to assess the severity of positive and negative symptoms of schizophrenia and subtypes of irritable bowel syndrome, IBS constipation (IBS-C), IBS Diarrhoea (IBS-D) and IBS Mix (IBS-M) in case and control groups respectively.
Results Forty-seven patients (75.8%) and 15 patients (24.2%) had positive and negative schizophrenia respectively. Patients with positive and negative schizophrenia had higher rate of IBS-C 6.5% ($n = 4$), IBS-D 8.1% ($n = 5$), IBS-M 12.9% ($n = 8$), non-IBS 72.6% ($n = 45$) versus healthy subjects IBS-C 1.4% ($n = 1$), IBS-D 2.9% ($n = 2$), IBS-M 2.9% ($n = 2$), and non-IBS 92.8% ($n = 64$), OR = 4.8; 95% CI.
Conclusion Irritable bowel syndrome is more frequent in patients with schizophrenia than in general population. This functional gastrointestinal disorder associated with psychotic symptoms requires attention and management while managing patients with subtypes of schizophrenia.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.603

EW486

Cognitive dysfunctions in first episode pychosis

K. Alptekin[1,*], E. Aydınlı[2], A. Ayer[2], B. Yalınçetin[3], H. Ulaş[4], T. Binbay[4], B. Akdede[4]
[1] *Dokuz Eylul university, Izmir, Turkey*
[2] *Manisa psychiatric hospital, psychiatry, Manisa, Turkey*
[3] *Dokuz Eylul university, neuroscience, Izmir, Turkey*
[4] *Dokuz Eylul university, psychiatry, Izmir, Turkey*
[*] *Corresponding author.*

Cognitive dysfunctions are one of the main domains of symptom clusters in schizophrenia that are strongly related to poor prognosis and psychosocial impairment. We conducted a study to investigate the level of cognitive functions in patients with first episode psychosis (FEP) and effect of psychosocial factors related to psychosis and cognitive dysfunctions in this population. We included 60 FEP patients and 60 healthy control subjects. Cognitive functions of the study population were evaluated by using neuropsychological test battery including Stroop, Rey Verbal Learning and Memory, Digit Span, Trail Making, Digit Symbols, Controlled Word Association etc. Psychosocial risk factors were assessed using Childhood Trauma Questionnaire, Social Environment Measurement Tool, Life Events Scale, Tobacco Alcohol Use Scale and Substance/Marijuana Use Scale. Cognitive functions were significantly impaired in FEP patients compared to normal controls. Patients had poor performance in verbal memory, attention, processing speed, working memory and executive functions that is similar to the previous literature findings. Stressful life events in the last year and familial liability of schizophrenia and psychosis in 1st degree relatives were strong predictors to develop psychosis in patients with FEP. Both factors also seemed to be related to cognitive dysfunctions. In this study, patients with stressful life events in the last year were likely to have memory and executive dysfunctions. It has been shown that psychosocial risk factors had played an important role in developing psychosis. However, these factors also may negatively affect cognitive functions that may make the patient predispose to develop psychosis in FEP patients.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.604

EW487

Pharmacokinetics, safety, and tolerability of four 28-day cycle intramuscular injections for risperidone-ISM 75 mg in patients with schizophrenia: A phase-2 randomized study (PRISMA-2)

L. Anta[*], J. Llaudó, I. Ayani, B. Gorostidi, M. Monreal, J. Martínez-González, L. Ochoa, I. Gutierro
Rovi S.A., Medical Dpt, Madrid, Spain
[*] *Corresponding author.*

Introduction Risperidone-ISM is a new long acting intramuscular formulation of risperidone, for monthly administration without oral supplementation.
Objective To characterize the pharmacokinetic of risperidone over multiple intramuscular injections in patients with schizophrenia.
Method A multicenter, open label, two-arm, parallel design clinical trial was performed. Each patient received 4 intramuscular injections of 75 mg of risperidone-ISM in either, gluteal or deltoid muscle at 28-day intervals.
Results A total of 70 patients were randomized, 67 received at least one dose of study medication. Preliminary data show that mean C_{max} of the active moiety was achieved 24-48 hours (T_{max}) after each administration and ranged over four consecutive doses from 39.6-53.2 ng/mL and 54.1-61 ng/mL, when given in gluteal or deltoid, respectively. All subjects achieved therapeutic levels (>7.5 ng/mL for the active moiety) between 2-8 hours after drug administration. The mean concentrations were maintained above therapeutic levels throughout the 4-week dosing period. No significance changes across the study were observed, either on Positive and Negative Syndrome Scale or Extrapyramidal Symptoms Scale. Overall, 63 subjects (94%) experienced at least 1 Treatment Emergent Adverse Event (TEAE) during the study. One serious TEAE (dystonia) was related to study treatment. One death not related