

EV0843

The compare of early maladaptive schemas, emotion regulation and general health in offender prisoner men and normal group men

R. Davooodi^{1,*}, S. Ghahari², M.R. Pirmoradi²

¹ Clinical Psychologist, Department of Mental health in Azad University Tonekaboon, Shaft, Iran

² Clinical Psychologist, University of Medical Science, Tehran, Iran

* Corresponding author.

Object The aim of this study was to compare early maladaptive schemas, emotion regulation and general health in offender prisoner men and normal group men.

Methods The study method was causal – comparative (ex post facto). Participants included two groups: (1) all of offender prisoner men ($n=47$) in Fooman jail and (2) normal group men ($n=47$) in Fooman. Both groups were matched for age, occupation and education. All of the participants completed Young maladaptive schema questionnaire (Y MSQ), cognitive emotion regulation questionnaire (CERQ-P) and general health questionnaire (GHQ-12) individually. Data were analysed using independent t-test and multivariate analysis of variance (MANOVA).

Finding There was significant difference between two groups in total score of early maladaptive schema questionnaire and also in its subscales included abandonment, impaired autonomy/performance, impaired limits, other – directedness, over vigilance/inhibition, emotional inhibition ($P<0/01$). The general health was different between groups, too. In addition, while groups showed significant difference in total score of emotion regulation and one of the subscales (rumination), no significant difference was explored between groups in self-blame, acceptance, positive refocusing, planning refocusing, positive re-evaluation, perspective taking, catastrophizing and others blame.

Conclusion Significant differences between the two groups in terms of general health, schema dimensions and emotional regulation dimensions suggest that dysfunctional schemas, maladaptive emotional strategies and low general health could be involved in criminal behaviour.

Keywords Early maladaptive schemas; Emotion regulation; General health; Offender men

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

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CADASIL case report: Psychiatric symptoms as first manifestation of a neurological process

N. De Uribe-viloria^{1,*}, M. De Lera Alfonso², M. Gomez Garcia¹, M. De Lorenzo Calzon¹, A. Alonso Sanchez¹, H. De La Red Gallego¹, G. Medina Ojeda¹, F. De Uribe Ladron De Cegama¹

¹ Hospital Clinico Universitario De Valladolid, Psychiatry, Valladolid, Spain

² Hospital Clinico Universitario De Valladolid, Neurology, Valladolid, Spain

* Corresponding author.

Introduction CADASIL (Cerebral Autosomal-Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy), the most common form of hereditary stroke disorder, is characterized by headaches, transient ischemic attacks and psychiatric symptoms which include mood changes, behaviour disorders and variable levels of dementia.

Objectives and aims To emphasize the necessity of discarding somatic and neurological processes before a psychiatric diagnosis is reached.

Methods We present a case initially followed in psychiatry and derived to neurology, and compare it with articles no older than ten years, found in a bibliographic search in Medline (PubMed), fitting the next keywords: CADASIL, autosomal dominant encephalopathy, psychiatric symptoms.

Results The most frequent manifestation of CADASIL is the early age onset of cerebrovascular ischemic attacks, nonetheless, a fair percentage of patients debut with insidious psychiatric symptoms, especially mood changes, behavioural disorders and even mutism. Independently of the age of onset, these symptoms are present at some point of the illness in most cases.

Conclusions Psychiatric symptoms can be found in a vast number of somatic and neurological disorders, even being the first manifestation of such processes. This challenges diagnosis, and given than the line between brain and mind is blurred and not always clear, cooperation among different specialities is of utmost importance in order to correctly treat the illness as a whole, and not just the sum of the parts.

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

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Job satisfaction, burnout and coping strategies: Comparison between medical and surgical specialties

C. Derbel*, A. Braham, A. Souilem, A. Ben Romdhane, R. Gallala, S. Ben Nasr, A.S. Bannour, B. Ben Hadj Ali

CHU Farhat Hached, Psychiatry, Sousse, Tunisia

* Corresponding author.

Introduction Doctors have many constraints in their professional practice, which influence negatively the quality of their performance. This causes a psychological distress.

Aim To compare job satisfaction (JS), burnout (BT), anxiety, depression and coping strategies among doctors of medical (DMS) and surgical specialties (DSS).

Method Comparative and cross-sectional study conducted among 33 DMS and 63 DSS with different grades, in the university hospital Farhat Hached Sousse, Tunisia. We used job satisfaction scale (JSS) to determine the degree of JS, hospital anxiety and depression scale (HADS) to evaluate anxiety and depression, the Maslach burnout inventory to assess the BT and the brief cope to determine coping strategies.

Results DMS were older than the DSS ($P=0.005$). The MSC had more unsettled family life ($P=0.04$) and more monthly guard (5.87 vs. 4.96, $P=0.03$). DMS had more days of outpatient ($P=0.00$), were more satisfied with the work schedule ($P=0.00$), conditions of the guards ($P=0.02$). Relationships with colleagues were more satisfactory among DMS ($P=0.001$). DMS were less confronted to violent events ($P=0.03$). The average score of JSS was higher among DMS ($P=0.014$). The BT was more reported in the DSS ($P=0.049$). An average sub-score HADS-D (depression) was higher in the DSS ($P=0.00$). An avoidance-focused coping was more adopted by the DSS ($P=0.02$).

Conclusion DSS were generally less satisfied in their work than DMS with obvious psychological repercussions. This incites to intervene in factors that interfere with job satisfaction to improve the quality of physicians' performance.

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

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