

EW406

The effect of psychoeducation on anger management and problem solving skills of the patients with post-traumatic stress disorder

M. Senyurt^{1,*}, M. Demiralp², N. Ozmenler¹, C. Acikel³

¹ Gulhane Military Medical Academy, Mental Health and Illness, Ankara, Turkey

² Gulhane Military Medical Academy, School of Nursing, Ankara, Turkey

³ Gulhane Military Medical Academy, Biostatistics, Ankara, Turkey

* Corresponding author.

This study was conducted as pre-test and post-test experimental design with the control group in order to identify the effect of psychoeducation on anger management and problem solving skills of the patients with post-traumatic stress disorder. This study was carried out in Gülhane Military Medical Academy, the department of Military Psychology and Battle Psychiatry between May 2012 and May 2013. The study sample included 22 control and 22 intervention group patients with PTSD who admitted to participate in the study and who were asked to receive the drug treatment by staying in the clinic. Psychoeducation was only performed on the intervention group. In the collection of research data, "Sociodemographical Information Form", "Trait-Trait Anger Expression Inventory", "Problem Solving Inventory" and "The Impact of Event Scale" were used. Data were assessed by Repeated Measures Variance Analysis via SPSS (15.0). Problem solving skills of the patients who had high-school and up to the level of high-school education were identified to be more insufficient than the ones having undergraduate and graduate educations. Before receiving psychoeducation, it was identified that the levels of trait anger of the patients were high, and that they perceived themselves as mild insufficient individuals in problem solving skills. It was identified that trait anger increased the anger control and problem-solving skills while it decreased inward and outward anger levels in the intervention group of psychoeducation. As a consequence, it has been recommended that the continuity of psychoeducations the psychiatry nurses applied have been provide in psychiatry clinic. *Disclosure of interest* The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.524>

EW407

Post-traumatic stress disorder: Women – Ecuador

V. Valdez*, J. Veloz, D. Rueda, C. Santana
Universidad Catolica de Guayaquil, Ecuador

* Corresponding author.

Objectives To determine the incidence of traumatic events in Ecuadorian women exposed to domestic violence and other complex social situations and their relationship with PTSD.

Methods We applied a transversal descriptive study accomplished by the INEC (National Institute of Statistics and Census). The INEC recruited Ecuadorian women from 15 years old and more, the surveys were focused on this population. In total, 18,800 rural and urban housings were selected all over the country, 24 provinces. Date of the survey: November 16–December 15 of 2011. A, D and G were taken as references for guidelines following the criteria diagnosis of DSM V (Diagnostic and Statistical Manual of Mental Disorders) to determine a Traumatic Event.

Results The average age of the sample was 28 years old. The standard deviation was 21, ages: 15–25 years old: 14.265 (21.6%), 25–35 years old: 9.324 (14.1%), 35–45 years old: 8.132 (12.3%), 45–55 years old: 6.283 (9.5%), 55–65 years old: 4.302 (6.5%), > 65 years old: 23.745 (35.9%). Prevalence of the traumatic event (DSM-V) 4.6%. Women experienced any kind of violence 60.6%: 61.4%

urban, 58.8% rural. Types of abuse: psychological: 53.9%, physical: 38.0%; sexual, patrimonial: 35.3%. Domestic violence 76.0% y other types of violence 24.0%.

Conclusion Domestic violence rate is high, also, in this study, we determined that women face an important index of violence during their daily activities. Psychological abuse is the highest abuse, higher in the urban areas. These results based on acute traumatic events may predispose women to develop PTSD. The prevalence of traumatic events must be an alert to the Mental Health Organizations, not only in Ecuador but also in Latin American.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.525>

Prevention of mental disorders

EW408

Psychotic experiences, alcohol–cannabis abuse, stressful events and familial risk is associated with onset of clinical psychosis: Evidence from a 6-year longitudinal population-based cohort

U. Kirli^{1,*}, T. Binbay², H. Elbi¹, B. Kayahan¹, J. van Os³, H. Onay⁴, F. Ozkınıay⁴, D.K. Gokcelli¹, K. Alptekin²

¹ Ege University School of Medicine, Department of Psychiatry, Izmir, Turkey

² Dokuz Eylul University School of Medicine, Department of Psychiatry, Izmir, Turkey

³ Maastricht University Medical Centre School of Mental Health and Neuroscience, Department of Psychiatry and Neuropsychology, Maastricht, Netherlands

⁴ Ege University School of Medicine, Department of Medical Genetics, Izmir, Turkey

* Corresponding author.

Introduction Both clinical and subclinical psychosis is probably a consequence of underlying genetic and environmental interactions.

Objectives Defining differential impact of environmental/familial risk factors and psychotic experiences across the onset of clinical psychosis.

Aims To assess mental health outcomes in a 6-year follow-up of a representative general population sample with a special focus on extended psychosis phenotype.

Methods Addresses were contacted in multistage clustered area probability sampling frame covering 9 districts and 302 neighbourhoods (n : 4011) at baseline (T_1) and 6 years after (n : 2142) (T_2). Psychotic experiences were screened with Composite International Diagnostic Interview and probable cases were re-interviewed with SCID-I. Relations were tested using logistic regression models.

Results Of subclinical psychotic symptoms at baseline, 6.4% transitioned to clinical psychosis; 44.4% persisted, 90.2% transitioned to any DSM disorder. Of newly onset clinical psychosis at T_2 , 62.8% had subclinical psychotic expressions at baseline. The risk of developing clinical psychosis was greater in those with baseline subclinical psychotic experiences, alcohol–cannabis abuse, stressful-forensic event history and family history of mental disorders. Most of risk factors associated with psychosis proneness at T_1 were also associated with clinical psychotic outcome at T_2 (Table 1).

Conclusions Psychotic experiences takes attention for the risk to develop psychosis due to underlying genetic and environmental interactions; also may be an important risk factor to develop any mental disorder.