

they place on patients, may increase the rate of incidents within the hospital. Despite comparable rates on admission, MI rehabilitation wards have far fewer incidents than PD rehab wards, which may reflect the more intractable nature of PD versus MI. More work is required to confirm these findings.

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#### EW0722

### An analysis of emergency leaves of absence from a United Kingdom high secure psychiatric hospital with a view to identifying ways to reduce their number

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**Introduction** Emergency leaves of absence (ELOAs) from high secure psychiatric care are both costly and increase the risk posed to staff, patients and the general public. ELOAs were analysed to identify whether greater on-site physical health provision could reduce their number, and quantify the potential financial saving to the trust to do so.

**Method** All ELOAs from Broadmoor hospital between 15.5.15–14.11.15 were assessed by a team of psychiatrists and a GP to identify whether they were “avoidable”, “unavoidable” or “potentially avoidable” if measures were taken. For the “potentially avoidable” group, we then calculated the staffing cost of these LoAs to help ascertain whether these measures would be cost effective.

**Results** There were 30 ELOAs during the period assessed, costing £79,240 (Table 1). The table also shows which additional on-site services or training may have prevented these ELOAs, and the cost saving to the trust if they had.

**Conclusions** The number of ELOAs from the hospital could be reduced by increased on-site physical health provision and training. This would improve the quality of care patients receive, as well as reducing both the cost to the trust and the risk posed to staff, patients and the general public. We must also consider the large potential cost and risks associated with a patient absconding from an ELOA.

Table 1

	Percentage of total ELOAs (30)	Cost in 6 months (£)
Avoidable	7% (2)	3,973
Unavoidable	40% (12)	49,044
Potentially avoidable	53% (16)	26,223
<b>Of which</b>	<b>Preventing</b>	<b>Potential saving</b>
Watchful waiting	10% (3)	14,307
Onsite x-ray	30% (9)	8,326
Wound care/suturing	7% (2)	2,603
Equipment	7% (2)	2,271

Table to show number of emergency leaves of absence (LoAs) felt to be preventable, and the measures and potential savings associated with doing so

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#### EW0723

### The relationship between grief process and attachment styles in the cases with the treatment of complicated grief: A prospective study

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The attachment style is one of the significant factors affecting the grief process and complicated grief. This study aims to research the relation between the factors determining the sociodemographic features, the reactions of grief, the suicidal behaviour and the grief process on the patients who are followed and treated with the complicated grief diagnosis and the features of attachment. The study includes 45 patients directed to a therapy unit and meet the criterions of complicated grief diagnosis. 33 of those patients have completed their treatment. Sociodemographic and clinical data form applied to the patients at the beginning, to evaluate for comorbid psychiatric disorders structured clinical interview for DSM-IV axis I disorders, adult attachment style questionnaire (AASQ), grief scale, hamilton rating scale for depression (HDRS), suicide behaviors questionnaire (SBQ), suicide probability scale (SPS), experiences in close relationships inventory (ECRI) are applied on the participants and compared the results of the scales prior to and following the treatment. In the dimensional evaluation of attachment, ECRI avoidance score is high over the patients diagnosed with comorbid psychiatric disorders with complicated grief. During the first application of the treatment, while evaluating the attachment categorically, in the complicated grief patients attached with avoidance grief scale, behavioural base scale and SPS negative self base scale are higher compared to the group whose HDRS scores attached with secure. The results show that in complicated grief cases the avoidance attachment is both dimensionally and categorically related with the strength of grief reaction and additional psychiatric problems.

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#### EW0724

### Cognitive disturbances and mood disorders in ischemic stroke

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**Introduction** Ischemic stroke is in increasing incidence, so that long term sequels are of great importance for management of quality of life and economics issues.

**Objectives** To determine risk factors associated with cognitive disturbances, after ischemic stroke.

**Aims** Assessment of social and medical risk factors in outcome of cognitive disturbances.

**Methods** During 6 months, 268 patients with antecedents of ischemic stroke and associated cognitive disturbances installed in first year after major stroke, were assessed in neurology department. We performed neuropsychological tests as mini mental state examination, sunderland clock test and beck depression inventory. Patients and caregivers were also assessed for quality of life. 53% were males, from urban areas (69%) and mean age was 72.2 years.

**Results** We found risk factors as hypertension (88%), dyslipidemia (63%), diabetes mellitus (22%), atrial fibrillation (11%), smoking (35%) and drinking (55%). According to DSM-5 criteria, 62.5% of our lot had major cognitive disorder and 37.5% had a minor one; most of the patients with major dysfunction had ischemia in left middle cerebral artery (31.71%) associated with language deficits and executive dysfunctions, and on the second place was the vertebro-basilar localization of stroke (29.86%). Ischemia in right middle cerebral artery was present only in 20.52% of the lot. 27%

of our patients developed depression, more in patients with major neurological deficits.

**Conclusions** Efforts must be done for primary prevention of stroke, early detection of risk factors and correct treatment, and for cessation of toxic habits. Treating associated depression may improve patients' quality of life and increase comfort for caregivers.

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

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#### EW0725

### Inflammatory bowel disease symptoms and cognitive fusion's impact on psychological health: An 18-month prospective study

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Although inflammatory bowel disease (IBD) is known to be associated with lower psychological health, research regarding which specific symptoms may lead to psychological dysfunction in IBD patients is inexistent. Further, the role played by emotion regulation, including the maladaptive process of cognitive fusion, in IBD patients' psychological functioning is also scarcely explored in this population. The present study aimed at filling these research gaps. Two hundred and sixteen patients diagnosed with IBD filled self-report instruments on an online platform in three times. These waves of assessment occurred at baseline, and 9 and 18 months later. Results revealed that of the 10 measured IBD symptoms, only fatigue, bloody stools and abdominal distension at baseline were negatively associated patients' level of psychological health at Wave 3. Nevertheless, a hierarchical regression analysis demonstrated that none of these symptoms were significant predictors of psychological health measured 18 months later. When cognitive fusion at baseline was added to the model, it became the only significant predictor of psychological health at Wave 3, with an effect of  $-0.34$  ( $P < 0.001$ ). These findings suggest that it is not the experience of physical symptomatology that directly leads to lower psychological health in IBD patients, but rather the way patients deal with adverse internal experiences, i.e., the type of emotion regulation involved. This study reveals cognitive fusion as a harmful process for the determination of IBD patients' psychological functioning. Future studies should thus explore the meditational effect of cognitive fusion in the association between IBD symptomatology and decreased psychological health.

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#### EW0726

### The presence of a subthreshold autism spectrum is associated with greater prevalence of mental disorders in parents of children with autism spectrum disorders

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**Introduction** Autism spectrum disorders (ASD) are highly heritable and first degree relatives (especially fathers) of autistic probands have been shown to often manifest a set of subthreshold

autistic features. It is not known, however, the clinical significance of this subthreshold autism spectrum.

**Objectives** – to evaluate the prevalence of a subthreshold autism spectrum respectively in fathers and mothers of children with ASD; – to describe clinical correlates of parents with and without a subthreshold autism spectrum respectively.

**Methods** 36 fathers and 39 mothers of preschoolers with ASD were administered the autism-spectrum quotient (AQ), the adult autism subthreshold spectrum (AdAS spectrum), the trauma and loss spectrum (TALS), the SCID-5 and the social and occupational functioning assessment scale (SOFAS).

**Results** Fathers and mothers did not differ for both AQ and AdAS spectrum total and subscale scores. Overall, 13 parents (17.3%) scored higher than 45 on the AdAS spectrum, as indicative of the presence of a subthreshold autism spectrum. This group showed greater prevalence of mood, anxiety and feeding/eating disorders, greater utilization of antidepressants and higher scores on the TALS and the SOFAS than the group scoring lower than 45 (all  $P < 0.05$ ).

**Conclusions** Fathers and mothers of children with ASD show autistic traits in equal measure. The presence of a subthreshold autism spectrum is associated to greater prevalence of mood, anxiety and feeding/eating disorders, to greater susceptibility to traumatic events and to lower levels of functioning.

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

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#### EW0727

### Developing a test to assess social cognition based on a real interaction

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**Introduction** Social cognition enables the processing of social information and is needed to adapt one's behaviour to the perceived social scene. Its assessment is a very controversial issue, tests currently available often use unhelpful stimuli from the ecological point of view.

**Aims** To develop a test based on genuine social stimuli—not on their representations—and to do so, a controlled social situation is created in which participants can be evaluated on their abilities to perceive and process such information.

**Method** A script was prepared, consisting of several interactions which are staged before the participants by two members of the research team. The sample comprises 50 subjects, being on average 22 years old (56% women), who took this test, the MSCEIT and the MASC.

**Results** The application showed no incidence, no one detected that it was a previously prepared situation and they were not upset when this fact was revealed. A final selection of 18 items obtained a reliability of 0.701. Multidimensional scaling, partly showed the subdomains taken into account. The correlation matrix confirms the validity of the instrument. ( $r = 0.465$  alpha  $< 0.001$  with MASC.  $r = 0.106$  alpha  $> 0.05$  with MSCEIT).

**Conclusions** The instrument is applicable and tolerated by participants being evaluated with it. It is feasible to use it as a test to assess social cognition. It is mid-high reliability allows its use for research purposes. The correlation matrix confirmed validity, showing a significant and moderate connection with MASC and no association with any of the scales of MSCEIT.