associated with an increased risk for psychosis. A dysfunctional motivational reward system is thought to be one of the salient features in psychosis caused by abnormal dopamine functioning. It is unknown whether patients with 22q11DS have a dysfunctional reward system.

Methods   This study aims to investigate reward learning in 22q11DS. The study included 10 adults with 22q11DS (age: 33.1 years, 60% female) and 10 age-gender-matched healthy controls (HC, age: 39.7 years, 60% female). A single infusion 18F-fallypride PET scan was acquired during which all subjects performed a version of the learning phase of the Probabilistic Stimulus Selection Task for reward learning (RL), modified to deliver social feedback.

Results   IQ-scores were significantly lower in the 22q11DS group ($P < .001$) compared to HC. The 22q11DS group both earned significantly less money ($P < .05$) and performed worse during the RL-task ($P < .05$) than HC. However, the learning curve for the RL-task was the same for both groups. IQ-scores were a significant positive predictor for earnings ($P < .05$) and performance ($P < .05$), but not for the learning curve.

Conclusions   These preliminary results indicate that people with 22q11DS are capable of learning at the same speed as HC, however they are less susceptible for reward than HC because their overall performance during RL is worse than HC. This lower reward sensitivity could be a result of haplo-insufficiency of COMT in 22q11DS and consequently abnormal prefrontal dopamine functioning.

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

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EW0354

Alexithymia and coping strategies: Predictors of hopelessness?

G. Serafini [1,*], L. Capobianco [1], M. Pompili [2], P. Girardi [3], M. Amore [1]
[1] Neuroscience Dinogmi, University of Genoa, Genoa, Italy
[2] Neurosciences, Sapienza University of Rome, Sant'Andrea Hospital, Suicide Prevention Center, Rome, Italy
[3] Neurosciences, Sapienza University of Rome, Sant'Andrea Hospital, Rome, Italy
* Corresponding author.

Introduction   Alexithymic traits and coping strategies may affect the onset and course of many psychiatric conditions. However, their role in determining hopelessness and suicide risk has been not still elucidated.

Objectives   The present study analyzed the correlations between alexithymia, coping strategies, and hopelessness.

Aims   We aimed to evaluate whether specific coping strategies and alexithymia may predict hopelessness which is widely considered an independent risk factor for suicide.

Methods   This is a cross-sectional study conducted on 276 patients (19.9% men, 81.1% women; mean age: 48.1 years, SD: 16.9), of which most with major affective disorders, who were admitted at the Psychiatric Unit of the University of Genoa (Italy). All participants were assessed using the Beck Hopelessness Scale (BHS), Coping Orientations to Problems Experienced (COPE), and Toronto Alexithymia Scale (TAS-20).

Results   Alexythimic subjects significantly differ from non-alexythimic individuals in terms of substance abuse ($\chi^2 = 23.1$; $P = .027$). According to bivariate analyses, we found a significant correlation between hopelessness and suicidal thoughts/wishes ($r = .34$; $P = .01$), humor ($r = -.24$; $P = .05$), and behavioural disengagement ($r = .205$; $P = .05$). Behavioural disengagement is also a positive predictor of hopelessness (OR = 1.25; 95% CI: 1.03–1.52) while humour is a negative predictor of hopelessness (OR = 0.85; 95% CI: 0.73–0.99).

Conclusions   Behavioural disengagement needs to be considered a risk factor while humor is a protective factor for suicide. Surpris-

ingly, we found no significant association between alexithymia and hopelessness. Further additional studies are requested to test these exploratory findings in order to more deeply elucidate the role of both alexithymia and coping strategies in suicidal behaviour.

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

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EW0355

Clinical high risk symptoms and criteria in the community: Prevalence, clinical significance and risk factors for their occurrence

F. Schultze-Lutter [1,*], C. Michel [1], B.G. Schimmelmann [1], S. Ruhrmann [2]
[1] University of Bern, University Hospital of Child and Adolescent Psychiatry and Psychotherapy, Bern 60, Switzerland
[2] Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany
* Corresponding author.

Introduction   In clinical samples, symptomatic ultra-high risk (UHR) criteria and the basic symptom criterion "cognitive disturbances" perform well in predicting psychosis, and best when both approaches are combined.

Objective   However, little-to-nothing is known about clinical high risk (CHR) and their constituent symptoms in the community.

Aims   We studied the prevalence, clinical relevance, and moderators of CHR criteria and symptoms in the community.

Method   Regression analyses involved 2683 community participants (age 16–40 years; response rate: 63.4%). Semi-structured telephone interviews were performed by well-trained psychologists.

Results   Lifetime and current CHR symptoms were reported by 21.1% and 13.8% of interviewees. Frequency of symptoms was mostly low, only 2.4% met any CHR criterion. A stepwise relationship underlay the association of the two types of CHR symptoms and criteria with the presence of mental disorders and functional deficits, with odds ratios being highest (7.4–31.8) when UHR and basic symptoms occurred together. Report of a family history of mental disorder generally increased risk for CHR symptoms. While younger age increased risk for basic symptoms, lifetime substance misuse and trauma increased risk for UHR symptoms.

Conclusions   Prevalence of CHR criteria was within the to-be-expected range from prevalence rates of psychoses. Clinical relevance of both CHR symptoms and criteria increased in a stepwise manner from basic symptoms via UHR symptoms to their combined presence, reinforcing the clinical utility of their combined use. The risk factors selectively associated with basic and UHR symptoms support developmental models relating basic symptoms to neurobiological and UHR symptoms to psychological factors.

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

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EW0356

Two-step cluster analysis application to a sample of psychiatric inpatients at psychiatric service of diagnosis and care

F. Ambrosini [1,*], M. Benassi [1], R.P. Sant'Angelo [2], R. Raggini [2], L. Mandolesi [1], G. Piraccini [2]
[1] Department of Psychology, University of Bologna, Bologna, Italy
[2] U.O. Servizio Psichiatrico di Diagnosi e Cura, Istituto AUSL della Romagna - Cesena, Cesena, Italy
* Corresponding author.

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

M. Kulygina [1,*], V. Krasnov [2], P. Ponisovskiy [3], J. Keeley [4], G. Reed [5]
[1] Department of Informatics and system research in psychiatry, Moscow Research Institute of Psychiatry MoH RF, Moscow, Russia
[2] Department of affective spectrum disorders, Moscow Research Institute of Psychiatry MoH RF, Moscow, Russia
[3] Department of mental disorders – complicated by substance abuse, Moscow Research Institute of Psychiatry MoH RF, Moscow, Russia
[4] Department of psychology, Virginia Commonwealth University, Richmond, USA
[5] Department of mental health and substance abuse, World Health Orgainzation, Geneva, Switzerland
* Corresponding author.

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

A. Bowen [1,*], A. Ahmed [2], C. Feng [2]
[1] Nursing, University of Saskatchewan, Saskatoon, Canada
[2] School of Public Health, University of Saskatchewan, Saskatoon, Canada
* Corresponding author.

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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