

Table 1

	City n = 78 (%)	Countryside n = 168 (%)	Chi <sup>2</sup>	P	Total n = 246
Complaint in each group of symptoms	16 (20.5)	30 (17.9)	0.01	0.963	36 (18.7)
Two complaints in each group of symptoms	32 (41.0)	64 (38.1)	0.01	0.982	96 (39.0)
Three complaints in each group of symptoms	18 (23.1)	26 (15.5)	0.4	0.549	44 (17.9)

Table 2

	City n = 70 (%)	Countryside n = 150 (%)	Chi <sup>2</sup>	P	Total n = 220
Two and more of psychophysiological spts	26 (37.1)	12 (8)	7.8	0.005	38 (17.3)
Two and more of sociological and psychological spts	8 (11.4)	24 (16)	0.1	0.793	32 (14.5)
Two and more of behavioral spts	10 (14.3)	10 (6.7)	0.7	0.414	20 (9.1)

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### EV1003

#### Prevention of specific learning disorders in early stages

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**Introduction** Specific learning disorders as defined in the DSM-5 are frequently diagnosed among children – 4–9% for reading deficits – (DSM-5, 2013). As any deficit can contribute not only to a child's emotional distress, it can also result in academic failure or school abandonment. Therefore, prevention measures should be considered.

**Objectives** The present study's objective was to compare the influence of a set of primary prevention measures on children's performance in reading and writing and improve their reading and writing.

**Aims** We aimed to prevent specific learning disorders–dyslexia and dysgraphia in children from the second to their third year in the educational system.

**Methods** Only children from the second year of school were considered (grade 1). Children with clear potential for developing specific learning disorders were included in the present study. Children with any other comorbidity were excluded from the data analysis. Four experimental groups were considered – one control and three interventional – 1. Control, 2. COPS method, 3. Meixner principles, and 4. COPS method combined with Meixner principles and considering improvement of reading images, image filling, graphical schema orientation and discrimination, spatial and temporal orientation, orientation of objects, fine motor skills, temporal sequences, attention for details, perception of differences.

**Results** Findings indicated that the use of the combined methods significantly improved children's performance in reading and writing. Though all interventional methods improved children's performance. Results comparison was computed.

**Conclusions** Early prevention programs which target both reading and writing can improve children's performance in reading and writing.

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

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### EV1004

#### The use of vitamin D3 sublingual tablets versus oral drops in the treatment of patients with COMT Val/Val genotype and major depressive disorder

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**Introduction** Vitamin D has been shown to be crucial in the regulation of dopamine and its relationship to major depressive disorder.

A five-year pre-interventional study of 25 hydroxy vitamin D levels in patients with major depressive disorder found values ranging from 17 to 32 ng/mL.

COMT Val/Val genotype has been associated with a 20–40% more rapid breakdown of dopamine in the prefrontal cortex as compared to individuals with a Val/Met genotype.

**Methods** This retrospective study gathered data concerning outcome measurements in patients who displayed a baseline 25-OH level < 30 mg/mL and initially treated with sublingual tablet form of 10,000 IU vitamin D3. These data were compared to post interventional depression outcome scores for patients switched to oral vitamin D3 drops at a dose of 10,000 IUs.

**Results** Scores on the MADRS 1–3 weeks following the vitamin D3 switch showed an improvement in mood with the lowering of scores on the MADRS.

**Conclusions** Patients with a COMT genotype of Val/Val showed clinical improvement with a switch from oral D3 sublingual tablets to oral D3 drops. Further studies are needed to draw from conclusions. Pre- and post-25-OH vitamin D levels and other dopamine synthesis variables including serum ferritin would be useful as well as prospective double-blind placebo controlled trials. The future use of genotype-specific and supportive approaches deserves serious investigation.

**Disclosure of interest** The author has not supplied his/her declaration of competing interest.

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### EV1005

#### Ultra-high risk psychosis. A case report

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**Introduction** There is much debate on whether patients who are at high risk of developing a psychotic disorder in the near future (such as patients suffering of attenuated psychotic symptoms, brief limited intermittent psychotic symptoms or personality trait vulnerability) should be treated with antipsychotic drugs to prevent possible psychotic breaks from happening.

**Aim** To review articles from the existing medical literature about treatment of patients in ultra-high risk of developing psychosis.

**Methods** We describe the case of a 19-year-old male who was hospitalized after a suicide attempt in April 2015. He had been diagnosed of different psychiatric disorders such as mixed anxiety-depressive disorder, adjustment disorder and probable borderline personality disorder. During his stay at the hospital, we observed that he had schizoid personality traits. In the initial anamnesis, he denied ever having psychotic symptoms, but a few days later he admitted that the previous year he suffered through a period of brief self-limiting psychotic symptoms.

**Results** Prophylactic treatment was started with oral aripiprazole 15 mg/day, which was well tolerated by the patient. He has been free of psychotic symptoms for the last 17 months (from April 2015 to September 2016). No relevant side effects were detected.

**Conclusions** Oral aripiprazole 15 mg/day can be a good therapeutic option in patients at ultra-high risk of developing a psychotic episode.

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

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#### EV1006

### Relationship between affective temperaments, traits of schizotypal Personality and early diagnosis in a sample of Italian healthy subjects

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**Introduction** Akiskal et al. [1] examined the relationship between affective temperaments and characteristics of schizotypal personality disorder. Schizotypal personality disorder is becoming increasingly important both in itself as a significant personality disorder and as a condition that can provide important insights into the origins of schizophrenia. Perceptual and interpersonal cognitive disorders, behavior and disorganized speech do the schizotypal personality disorder a kind of mild form of schizophrenia, a premorbid or prodromal phase of this serious disorder.

**Aims** To analyze, in an Italian sample of healthy subjects, the correlation between affective temperaments and schizotypal traits.

**Methods** We recruited 173 healthy subjects aged between 18 and 65 years who have completed the following tests:

- BIS-11;
- SPQ;
- SDS;
- SAS;
- HCL-32;
- TEMPS-A.

**Results** At linear regression analysis between TEMPS-A scores and other rating scales are observed highly significant associations between increasing scores of cyclothymic and depressive temperament, subjective anxiety and depression with scores pertaining to the schizotypal personality disorder.

**Conclusions** Clinically, a better understanding of the mechanisms that lead to a schizotypal personality could lead to the development of effective preventive and curative treatments in an early stage of symptoms in addition to the identification of subgroups at risk for the development of schizophrenic pathology.

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

**Reference**

- [1] Morvan Y, Tibaoui F, Bourdel M-C, L o H, Akiskal KK, Akiskal HS, et al. Confirmation of the factorial structure of temperamental autoquestionnaire TEMPS-A in non-clinical young adults and relation to current state of anxiety, depression and to schizotypal traits. *J Affect Disord* 2011;131:37–44.

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#### EV1007

### Forgiveness and armed conflict in a Colombian Caribbean region: Differences between genders

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The forgiveness within the framework of social-political conflict is a factor that affects the coexistence and welfare. In the Colombian Caribbean, there are a significant number of people who have been victims of land dispossession and/or forced displacement.

The aim of this study is to compare the forgiveness ability between men and women who have been displaced and are in the process of lands restitutions. Displaced and in restitutions process people were participated ( $n = 38$ ), which 20 of them were women and 18 were men (Mean = 57.81; SD = 13.86). The CAPER Scale, was administered. A cross sectional and comparative design was carried out. The comparison was performed using a  $t$ -test for independent samples (Table 1).

**Conclusions** A greater tendency was observed in women for forgiveness himself, nonetheless a statistically significant gender difference was not identified. It was a greater tendency in men toward forgiveness to others, however there are no statistical differences between the two groups. In forgiveness situations, a similar trend is evident in gender. As for beliefs, it was observed that men scored higher, this allowed statistically significant differences were observed [ $F(1, 38) = 6.271$ ;  $P > 0.05$ ].

Table 1

Means and SD – Caper Scale	1. Women; 2. Men	n	Mean	SD	Standard error of mean
Forgiveness himself	1	20	28.00	4.899	1.095
	2	18	26.00	4.229	0.997
Forgiveness to others	1	20	28.35	5.402	1.208
	2	18	29.11	4.129	0.973
Forgiveness situations	1	20	28.00	5.016	1.122
	2	18	28.00	3.757	0.886
Beliefs	1	20	11.80	2.821	0.631
	2	18	13.33	1.188	0.280

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#### EV1008

### Psychiatric Risk Assessment Scale (PRAS)

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**Introduction** The aim of psychiatry is the prediction of risks.

**Objectives** Creation of the Psychiatric Risk Assessment Scale (PRAS) (Table 1).

**Aims** To assess psychiatric inpatients for risk to self and others. **Methods** The PRAS comprises 20 risk items that rate five probabilities of occurrence: 0% (nil), 25% (low), 50% (moderate), 75% (high) and 100% (severe). Cut-off score indicates “moderate” risk = 50. The mathematical formulas for the risks are as follows: