

EPV0367

Developing scale for affective response: anxiety, anger, depression

H. Y. Shin, D. Y. Kim and S. W. Choi*

Clinical Psychology, Duksung Women's University, Seoul, Korea, Republic Of

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1093

Introduction: People experience various negative emotions when they encounter stressful events, and these negative emotions contribute to the onset of illnesses. These emotional responses are not limited to just one; a person can experience multiple emotions at once, and the primary emotional reactions can vary depending on the severity and duration of the illness or life events. This is reason why we created a self-report scale to assess short-term emotional responses, focusing on the current emotional state experienced subjectively by patients.

Objectives: The purpose of this study was to develop an affective response scale (ARS) and examine its validity and reliability.

Methods: We established clusters of affective via a literature review and developed preliminary items based on the structure. We conducted expert content validation to converge on the final items, followed by construct validity and reliability analyses.

Results: The research findings indicate that the Affective Response Scale was composed of three main dimensions: anxiety, anger, and depression. Content validity results confirmed the validity of most items. The scale developed in this study was found to be valid in both exploratory and confirmatory factor analyses, and it was identified to be stable and consistent through the analysis of the internal reliability.

Conclusions: These results indicate that the ARS is highly reliable and valid, and that it can be utilized as an effective measure of the patient's emotion and its severity.

Disclosure of Interest: None Declared

Depressive Disorders

EPV0368

Circadian Preferences and Coping Styles to Stressful Life Events in Depression Patients

P. Güzel Özdemir*, T. Ülkevan, M. Işık and E. Sütçü

Van Yuzuncu Yil University, Van, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1094

Introduction: Depressive disorder is a common public health problem that significantly impairs quality of life and has a high risk of mortality and morbidity.

Objectives: The aim of this study was to investigate circadian rhythm differences, stressful life events and coping styles in patients with depression.

Methods: The study involved 100 participants, including 50 patients with depression and 50 healthy controls, recruited from the psychiatric clinic of one-university hospital. The participants completed a sociodemographic information form, Beck Depression

Inventory (BDI), Life Events Checklist (LEC-5), Coping Inventory for Stressful Situations-Short Form (CISS-21) and Morningness-Eveningness Questionnaire (MEQ).

Results: The mean age of the patients with depression was 31.88 ±10.6 years, and the control group was 29.84±8.02 years. There were no significant relationships between the variables including gender and some other sociodemographic characteristics except education level. There were significant differences between the depression and control groups in terms of coping styles for stressful life events. Emotional coping was significantly higher in patients with depression compared to the control group, whereas task-oriented coping was significantly lower than the control group (p<0.05). The majority of both depression and the control group consisted of intermediate type. Natural disasters, severe suffering, and other stressful events or experiences were more frequent stressful life events in the depression group. Task-oriented coping scores and emotional coping scores showed significant discrimination with sensitivity and specificity values.

Conclusions: Recognizing stressful life events and the coping strategies used to deal with them is important for identifying future mental problems such as depression and developing treatment and follow-up plans. Longitudinal studies are needed to fully understand how the reporting of mature and dissociative coping methods interacts with depression in recovery from traumatic events.

Disclosure of Interest: None Declared

EPV0369

Mentalizing Abilities in Major Depressive Disorder and Borderline Personality Disorder: Measuring Hypermentalization and Implicit Mentalization with the Hungarian Version of the MASCD. Karakas-Török¹, E. Fábi¹, M. Szennai¹, C. Csuta¹, O. Kelemen^{2,3}, T. Tényi¹, B. Czéh^{4,5} and M. Simon^{1,5*}

¹Department of Psychiatry and Psychotherapy, Medical School, University of Pécs, Pécs; ²Albert-Szentgyörgyi Medical School, Department of Behavioral Sciences, University of Szeged, Szeged; ³Department of Psychiatry, Bács-Kiskun County Hospital, Kecskemét; ⁴Department of Laboratory Medicine, Medical School and ⁵Neurobiology of Stress Research Group, Szentágotthai János Research Centre, University of Pécs, Pécs, Hungary

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1095

Introduction: Borderline Personality Disorder (BPD) is the most common personality disorder in psychiatric care. BPD often co-occurs with Major Depressive Disorder (MDD). Both BPD and MDD are associated with various impairments of social functioning. Among these, mentalizing disturbances are the most extensively studied.

Objectives: The Movie for the Assessment of Social Cognition (MASC) is an ecologically valid video-based test, which is suitable for measuring both hypermentalization and implicit mentalization. Based on the literature, it is sensitive enough to detect mild deficits in mentalization capacities. In this study, we investigated mentalization deficits with a special focus on implicit mentalization and hypermentalization in patients with MDD and MDD+BPD with a set of well-established mentalization tests including MASC.