

## EV1048

### Psychiatric patients show different coping styles during aggression compared to controls

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**Introduction** Aggression and violence are common phenomena, potentially experienced by everyone.

**Objectives** To demonstrate that coping patterns to face aggression and violence may exhibit differential group features.

**Aims** To find differences in coping styles during moments of high aggression in psychiatric patients compared to non-affected controls.

**Methods** We evaluated 34 outpatients from the section of psychiatry of university Federico II of Naples by two psychometric scales: AQ to evaluate aggression levels and Brief-COPE for coping patterns. Outcomes were compared with that of 34 non-affected controls, recruited from the university student population. Pearson's correlation was used to find relationships between aggression levels and coping skills in these two groups.

**Results** We found significant differences between groups in multiple scale items and in the correlation measures, e.g. the use of expression was completely reversed in this two samples according to aggression levels.

**Conclusions** These results show that aggression is experienced differentially and with different coping styles by psychiatric patients compared to non-affected controls.

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

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## EV1049

### Cognitive dysfunction in acute psychosis

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**Introduction** Patients with psychosis often present with cognitive dysfunction during the course of their illness. Inflammatory markers such as cytokines and neurotrophins have been investigated, as they are relevant to the change in cognitive function.

**Objectives** To evaluate the cognitive function between patients with acute psychosis and those without. Moreover, this study also investigates cytokines and neurotrophins levels in acute psychosis and their relation with cognition, severity of psychosis and trajectory of their levels across time and under treatment.

**Methods** Longitudinal, observational, pilot study, of psychiatric inpatients. Participants were assessed on the first day using brief psychiatric rating scale, CAGE, trail making test B and Wisconsin card sorting test. These assessments were repeated weekly until patients were discharged. Blood samples were also collected on the same day for cytokines and neurotrophins analysis. However, the result on cytokines and neurotrophins levels is still pending, therefore only clinical findings will be presented.

**Results** Thirty-one patients (mean age: 43.7, SD: 18.9, 14 females and 17 males) were recruited. Eleven were acutely psychotic. Generalized estimating equations modelling were used to compare these two groups based on cognitive and demographic variables. Patients with psychosis are more likely to have significantly lower scores for CAGE (Wald- $\chi^2=6.268$ ,  $df=1$ ,  $P=0.012$ ), significantly more abnormal scores in Trail Making Test B (Wald- $\chi^2=7.338$ ,  $df=1$ ,  $P=0.007$ ), failure to maintain set (Wald- $\chi^2=8.323$ ,  $df=1$ ,  $P=0.004$ ) and perseverative errors

(Wald- $\chi^2=4.385$ ,  $df=1$ ,  $P=0.036$ ) although they have more years of education than those without psychosis.

**Conclusions** These data show individuals with acute psychosis have impaired cognitive function compared to others.

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

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## EV1050

### Insomnia and aggressiveness in affective disorders: Self-assessment versus clinical examination

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**Introduction** Although, disturbances of sleep, as well as aggressiveness, have been described in patients with mood disorders, these patients may not be aware of them.

**Objectives/aims** To access the personal perception of sleep, disturbances and aggressiveness in patients with mood disorders, admitted to an acute psychiatric ward.

**Methods** Diagnostic data (ICD-10: F31–33), including mood evaluation, were prospectively collected for all patients admitted at the affective disorder ward at Centro Hospitalar Psiquiátrico de Lisboa (Portugal), during the third trimester of 2016. Then, 2 auto-questionnaires – Athens insomnia scale (AIS) and Buss and Perry aggression scale (both validated to the Portuguese population) – were applied to these patients. Statistical analysis was performed for possible correlations between patients' mood and the questionnaires' scores, using R software.

**Results** Thirty-eight patients admitted were enrolled in this study: 28 with bipolar disorder (19 manic, 4 depressive and 5 mixed episodes), and 10 with depressive disorder. Depressed patients presented statistically higher values in the AIS (average = 20), compared to manic (14) and mixed ones (17.2) ( $P=0.031$ ). However, there were no statistical differences found between depressed patients (bipolar versus non-bipolar). Even though manic patients presented an increased average score in the Buss and Perry questionnaire (both total-65; but also sub-scores), these values were not significantly different than depressed (60) or mixed patients' scores (57.4).

**Conclusions** Even though some symptoms (like sleep or aggressiveness) seem to be relevant to the clinics, patients with affective disorders do not seem to be aware these disturbances, and therefore are not able to acknowledge their relevance.

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

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## EV1051

### Assessment of empathy and psychological characteristics of smokers

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