Introduction Failures in cognitive and behavioural inhibition are the core of mental disorders, but they are also part of everyday life. Research on Game Transfer Phenomena (GTP) has shown that images, sounds and thoughts from the game manifest, and involuntary actions toward game-related cues are performed, after playing. GTP is generally not associated with psychopathology, substance use, distress or dysfunction but a small number of gamers reported severe GTP (i.e. different types and frequently).
Aim Understand the underlying factors (e.g. medical conditions, drugs, problematic/gaming addiction) associated with experiencing several episodes of particular GTP (e.g. hallucinations).
Methods A total of 1,782 participants who experienced GTP "many times" or "all the time" was extracted from a larger sample recruited via an online survey. The 20 GTP-related items were categorized into: (i) hallucinations, (ii) distorted perceptions, (iii) dissociations, and (iv) urges/impulses.
Results Pearson's Chi^2 test showed that: (i) 18–22-year-olds were more prone to experience several episodes of GTP and females were more susceptible to hallucinations; (ii) all four categories were associated with mental disorders and distress/dysfunction; (iii) drugs were associated with almost all categories with the exception of distorted perceptions; (iv) visual disorders were associated with hallucinations and dissociations; and (v) problematic/gaming addiction was associated with all categories except urges/impulses.
Conclusions The findings suggest that individuals with mental disorders are more prone to experience several episodes of GTP, which can lead to distress/dysfunction. Substance use appears relevant but not for all manifestations of recurrent GTP. The relation between gaming disorder and GTP requires further investigation.
Disclosure of interest The author has not supplied his/her declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.077

EW0464

Shame feeling in the parents of children with diabetes mellitus

E. Albani[1], E. Kotrotsiou[2,*], M. Gouva[3], A. Bargiota[4], G. Hadjigeorgiou[4], T. Paralikas[5], S. Kotrotsiou[5]
[1] *Nursing, Karamandanio General Pediatric Hospital, Patra, Greece*
[2] *Nursing Postgraduate Program in Primary Health Care-Research Laboratory of Care, University of Applied Sciences of Thessaly, Larissa, Greece*
[3] *Nursing Research Laboratory Psychology of Patients Families and Health Professionals, University of Applied Sciences of Epirus, Ioannina, Greece*
[4] *Medicine Postgraduate Program in Primary Health Care, University of Thessaly, Larissa, Greece*
[5] *Nursing postgraduate Program in Primary Health Care, University of Applied Sciences of Thessaly, Larissa, Greece*
[*] *Corresponding author.*

Introduction Chronic diseases such as childhood diabetes mellitus constitute a challenge for both the affected children and their families. Childhood diabetes mellitus is characterized by complex therapeutic management and has a profound physical and psychological impact on the whole family and a number of losses for the parents.
Aim and objectives To recognize and quantify the factors affecting shame feelings for parents of children with diabetes mellitus.
Method A cross-sectional design was performed. A sample of 316 parents (110 men–206 women, mean age 40.6 years, SD = 6.0 ranged 17–57) participated to the present study. The questionnaire included: (a) social-demographic characteristics, (b) The Other As Shamer Scale (OAS), (c) The Experience of Shame Scale (ESS). SPSS for Windows 20.0 was used for the statistical analysis.
Results Age and the place of residence of the parents, the duration and the severity of disease were identified as significant multivariate factors on internal and external shame.
Conclusion Feeling of shame consist a significant psychological burden of the parents with children suffering from diabetes mellitus. Screening for psychological distress in parents of children is indicated, and preventive interventions are needed, targeted according to the increased needs as suggested in the research results.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.078

EW0465

The experience of shame in patients with chronic obstructive pulmonary disease (COPD)

G. Tzitzikos[1], K. Gourgoulianis[1], E. Kotrotsiou[2,*], K. Bonotis[1], M. Gouva[3], S. Kotrotsiou[4], T. Paralikas[4]
[1] *Medicine, University of Thessaly, Larissa, Greece*
[2] *Nursing Postgraduate Program in Primary Health Care Research Laboratory of Care, University of Applied Sciences of Thessaly, Larissa, Greece*
[3] *Nursing Research Laboratory Psychology of Patients Families and Health Professionals, University of Applied Sciences of Epirus, Ioannina, Greece*
[4] *Nursing Postgraduate Program in Primary Health Care, University of Applied Sciences of Thessaly, Larissa, Greece*
[*] *Corresponding author.*

Introduction It is reported in global literature that Chronic Obstructive Pulmonary Disease (COPD) may cause a wide range of psychological effects, some of them not fully explored. The aim of this study is to investigate if patients with COPD experience intense feelings of shame.
Objectives To find differences in shame experience between males and females, and if there is a correlation of shame with other socio-economic factors.
Method Using the "Experience of Shame Scale" questionnaire (ESS) in 191 patients with COPD (104 men and 87 women) treated in Primary Health Care services in Greece.
Results Statistical analysis showed relatively low scores (M 39.5 sd 14.9) for the experience of shame in COPD patients. There is no statistically significant difference of shame for marital status, education level or disease stage. Statistically significant difference shown between males and females (bodily shame *P*: 0.001, total shame *P*: 0.031), and between smokers and those who quit smoking. (characterological shame: *P*: 0.007 behavioral shame *P*: 0.030, total shame *P*: 0.009). Also statistically significant difference appears for bodily shame among Body Mass Index (BMI) groups (*P*: 009) and economic status of the patients (*P*: 0.008).
Conclusions Patients with COPD seem to have not heavy burden with experience of shame. Any associations of shame with some patient groups are rather expected for cultural and social reasons.
Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.079

EW0466

Deficits in mentalization predict suicide risk among psychiatric inpatients

M. Pompili[1,*], M. Innamorati[2], D. Erbuto[1], M. Amore[3], P. Girardi[1]
[1] *Department of Neurosciences Mental Health and Sensory Organs, Sapienza University of Rome, Rome, Italy*