Introduction Aging is a very heterogeneous and dissimilar process, full of asymmetries. There is evidence that socio-economic differences determine disadvantages and inequalities in old ages. Older people face particular inequalities in healthiness especially with more complex and vulnerable long-term conditions, being more likely to need support from social care services.

*Aim* To evaluate the quality of life (well-being) related to the health of the elderly according to socio-economic indicators.

Method Cross-sectional quantitative study was performed. A total of 316 elderly people (M = 74.78; SD = 9.78 years of age) was interviewed with the Portuguese version of the EQ-5D-3L scale for health-related quality of life.

Results The interaction between income and the type of residential follow-up (alone vs. accompanied) was not statistically significant [F (2.310)=.910, P<.407;  $\eta p^2$ =.006]. Differences in health status index were statistically significant for income [F (2.310)=5.518, P<.004;  $\eta p^2$ =.034]. Post-hoc comparisons indicated that the mean score for those with insufficient income for their expenses (M=.39, SD=.27) was significantly different from those with income reaching their expenses (M=.50, SD=.25) as well as those with income covering their expenses sufficiently (M=.60, SD=.21). The main effect for the type of follow-up (alone vs. accompanied) did not reach statistical significance [F (2.310)=.224, P<.636,  $\eta p^2$ =.672].

Conclusions Income has an impact on health-related quality of life. Health in aging as a social phenomenon is not neutral to economic differences and is exposed to these structural disadvantages. Keywords Ouality of life; Well-being; Health; Aging

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1222

## EV0893

# Alexithymia and coping strategies among medical students

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Introduction University life is stressful for the student, which is characterized by disturbed emotional regulation or alexithymia. To face these stressful events he must use certain coping strategies.

Objectives Studying the prevalence of alexithymia and explor-

Objectives Studying the prevalence of alexithymia and exploring coping strategies among medical students, and establish the relationship between these parameters.

Methods It was a cross-sectional study of 97 students in Sfax university medicine (Tunisia). We used:

- a questionnaire containing demographic and clinical data;
- Toronto alexithymia Scale (TAS-20): a score ≥61 indicates alexithymia;
- WCC (Ways of Coping Checklist-r Folkman) with 3 factors: problem-focused, emotion-focused and social support coping. *Results* The average age of participants was 24.07 years ( $\pm 2.71$ ); the sex ratio (M/W) was 0.4. They were smoking in 36.1% and sedentary in 43.3% of case. They had a nibbling activity in 57.7%.

sedentary in 43.3% of case. They had a hibbling activity in 57.7%. The average score of TAS-20 was 50. 92 10.46 and alexithymia was found in 16.5% of students. Alexithymia was significantly correlated with smoking (P=0.003) and physical inactivity (P=0.025). Most students (72.2%) opted for problem-focused ways of coping with a highest score at WCC=29.21. A significant correlation was found between alexithymia and coping strategy with emotion-focused (P=0.02). The TAS score was significantly higher among students who resort to this ways of coping = 26.11. (P=0.002).

Conclusion This study explored the role of alexithymia in stress management ubiquitous in university life. A high level of alexithymia could be a detrimental factor in stress management. Psychological support aimed specifically alexithymic dimension is indispensable.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1223

#### FV/0894

# Association between child asthma control and maternal mental health in Alagoas, Brazil

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Introduction Maternal mental health is very important to manage children with chronic health problems.

Objective To evaluate the role of maternal common mental disorders (CMD) in the control of asthma in children by taking the maternal stressful life events (SLE) into account.

Aims To improve the management of childhood asthma by using a psychosocial approach.

Methods Cross-sectional study involving mother-asthmatic child dyads assisted in paediatric pulmonology outpatient clinics. To characterize maternal CMD, the Self-report questionnaire (SRQ–20) with cut-off 7/8 was used. The global initiative for asthma control (GINA) questionnaire was used to define controlled and uncontrolled patients. The SLE questionnaire was also used.

Results Table 1 suggests association between uncontrolled asthma with asthma severity and SLE, and a borderline association between uncontrolled asthma and maternal CMD. Table 2 indicates that, considering all independent variables simultaneously, asthma severity is the only variable statistically significant. It is also possible that with a larger sample size, maternal CMD and SLE would also become statistically significant.

Conclusions The frequency of uncontrolled asthma is associated with asthma severity and tended to be higher in children whose mothers had CMD and were exposed to SLE.

*Table 1* Crude odd ratios (OR) for the association between asthma control in children, and selected variables (n = 272).

| VARIABL            | ES                  | Uncontrolled<br>asthma<br>N | Controlled<br>asthma<br>N | CRUDE<br>OR | CI 95%      |
|--------------------|---------------------|-----------------------------|---------------------------|-------------|-------------|
| Asthma Severity    | Moderate and severe | 49                          | 36                        | 1.98        | 1.15 – 3.41 |
|                    | Mild                | 59                          | 86                        |             |             |
| Maternal schooling | Low                 | 99                          | 113                       | 0.93        | 0.52 - 1.70 |
|                    | High                | 26                          | 32                        |             |             |
| Social Class       | Low                 | 60                          | 70                        | 0.97        | 0.60 - 1.57 |
|                    | High                | 66                          | 75                        |             |             |
| Maternal CMD       | Yes                 | 72                          | 65                        | 1.61        | 1.00 - 2.60 |
|                    | No                  | 55                          | 80                        |             |             |
| Maternal SLE       | 1 or more           | 105                         | 107                       | 2.14        | 1.13 – 4.03 |
|                    | None                | 17                          | 37                        |             |             |

*Table 2* Simultaneous effect of maternal CMD and selected risk factors on asthma control through logistic regression (n = 272).

|                       |                               |      |       |       |   | IC 95% <i>Exp</i> ( <i>β</i> ) |         |  |
|-----------------------|-------------------------------|------|-------|-------|---|--------------------------------|---------|--|
| Variáveis             | В                             | S.E. | Wald  | р     | Exp(β)  | LL                             | UL      |  |
| Constant              | -1.33                         | 0.40 | 10.98 | 0.001 | 0.26  |                                |         |  |
| Maternal Schooling    | -0.39                         | 0.35 | 1.22  | 0.268 | 0.67  | 0.34                           | 1.34    |  |
| Social Class          | 0.27                          | 0.28 | 0.89  | 0.346 | 1.31  | 0.74                           | 2.30    |  |
| Asthma Severity       | 0.82                          | 0.29 | 7.55  | 0.006 | 2.27  | 1.26                           | 4.07    |  |
| Maternal CMD          | 0.54                          | 0.28 | 3.58  | 0.058 | 1.72  | 0.98                           | 3.04    |  |
| Stressful Life Events | 0.62                          | 0.37 | 2.75  | 0.097 | 1.86  | 0.89                           | 3.89    |  |
|                       |                               |      |       |       | (Cox & Snell) $r^2 = 0.07$<br>(Nagelkerke) $r^2 = 0.09$ |                                |         |  |
|                       |                               |      |       |       |   |                                |         |  |
|                       | $\chi^2(5) = 15.99, p = 0.00$ |      |       |       |   |                                | = 0.007 |  |

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1224

## EV0895

# How much does love really hurt? Psychopathology and romantic relationships: A meta-analysis

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Introduction Romantic relationship quality (RRQ) and break-ups (RRB) among young adults have been associated with the onset of a first major depressive episode or suicide attempts. However, the size of these associations varies across studies and the relative weight of RRB versus RRQ needs to be understood.

Objectives To investigate (1) the size of the association between adolescent RRQ/RRB and psychopathology (i.e., depression, suicide ideation, deliberate self-harm, and suicide attempt); and (2) the role of potential moderators (e.g., gender, age, and nationality).

Methods A meta-analysis of 20 manuscripts reporting on 21 studies (n = 19623) was conducted, focusing specifically on adolescents and young adults. Studies focused on physically abusive relationships were excluded.

Results A model combining relationship quality and break-up yielded a highly significant association between relationship measures and depression/self-harm but the strength of this relationship was modest (r=.229). The strength of the association between depression/self-harm and RRQ (r=.279) was statistically different from RRB (r=.145)(P=.006). Location (US vs. Non-US) had no effect. Age was not significant, B=-0.005, 95% CI [-0.026, 0.016], P=.647. Gender was a weak moderator (B=.160, 95% CI [-0.021, 0.340], P=.083).

Conclusions The association between psychopathology and RRQ/RRB was statistically significant but relatively small. RRQ was a stronger predictor of depression compared to RRB. This association was slightly stronger for women than for men. Implications for practice and future research will be discussed.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1225

#### EV0896

# Interventions for reducing fear of childbirth: A systematic review and meta-analysis of clinical trials

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Introduction Fear of childbirth (FOC) is a problematic mental health issue during pregnancy and postpartum period. It is essential to identify the most effective approaches to reduce the problem. Objective Using meta-analyses, we aimed to examine the most effective intervention for reduction of FOC.

Method We searched the Cochran central register of controlled trials, PubMed, Embase and PsycINFO databases since inception till January 2016 without any language restriction. The reference lists of all included studies were checked for additional published reports and citations of unpublished research. We included randomised control trials and quasi-randomised control trials comparing interventions for treatment of FOC. Two review authors independently assessed trial quality and extracted data. The standardized mean differences (SMD) were pooled using random and fixed effect model. The heterogeneity was determined using the Cochran's test and I<sup>2</sup> index and was further explored in metaregression model and subgroup analyses. Egger's regression and funnel plot were used for assessing publication bias.

Results Ten studies totalling 3984 participants were included from two quasi-experimental and eight randomised clinical trials. Eight studies investigated education and two studies investigated hypnosis-based intervention. The pooled SMD of FOC for the education intervention and hypnosis group in comparison with control group were -0.46 (95% CI-0.73 to -0.19) and -0.22 (95% CI-0.34 to -0.10), respectively.

Conclusion Interventions were effective on reducing FOC; however educational interventions reduced FOC twice as high as hypnosis. This result highlights the roll of antenatal education in enhancing childbirth expectations and experiences to enhance maternal and neonatal well-being.

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

http://dx.doi.org/10.1016/j.eurpsy.2017.01.1226

### EV0897

# Migration, women and education: Iran case study

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Short description migration of villagers to cities can be damaging the women's status in social affairs and promotion of family. Long description, one of the most controversial problems of rural dwellers' migration to big cities, is the occupation of women in low-level jobs. The villagers mostly have little skills and women are deprived of knowledge and skills to cope with the new situation so that they cannot find good jobs to meet the family needs. The low-level jobs and income by men in black market after having migrated to the cities force women to adopt to work in dirty jobs or work as maid at homes to increase the financial capacities of the family and provide educational facilities for children. This can bring about many dangers for the family. First, children are deprived of