healthy subjects. The area under the ROC curve (AUC) for discriminating between subjects with schizophrenia and healthy subjects was 0.83. Cut point of 16 raw points is 86% sensitive and has 70% specificity.

Conclusions   The form of the tool that has been achieved as a result of presented analyses suggests that this scale has a potential to fulfill the assumed goals, which will be tested during continuing validation studies.

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

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O087
Disorganization in schizophrenia: A resting EEG study

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Introduction   In subjects with schizophrenia (SCZ), the disorganization factor was found to be a strong predictor of real-life functioning. "Conceptual disorganization" (P2), "difficulties in abstract thinking" (N5) and "poor attention" (G11) are considered core aspects of the disorganization factor, as assessed by PANSS. The overlap of these items with neurocognitive functions is debated and should be further investigated.

Aims   Within the Italian network for research on psychoses study, electrophysiological and neurocognitive correlates of the disorganization factor and its component items were investigated.

Methods   Resting state EEGs were recorded in 145 stabilized SCZ and 69 matched healthy controls (HC). Spectral amplitude (SAmp) was averaged in nine frequency bands. MATRICS consensus cognitive battery (MCCB) was used for neurocognitive assessment. Band SAmp differences and correlations with psychopathology and MCCB scores were explored by global randomization statistics.

Results   SCZ showed increased delta, theta, and beta1 and decreased alpha2 SAmp. A negative correlation between alpha1 and disorganization was observed in SCZ. At the item level, only N5 showed this correlation. MCCB neurocognitive composite was associated with P2 and N5 but not with alpha1 SAmp.

Conclusions   Our findings suggest an heterogeneity of the disorganization dimension and a partial overlap with neurocognitive domains. The N5, "difficulties in abstract thinking", had a unique association with alpha1 SAmp, which is thought to be involved in the formation of conceptual maps.

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

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O088
Autistic traits in patients with anorexia nervosa, bulimia nervosa or binge eating disorder: A pilot study

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Introduction   Previous data showed higher autistic traits in individuals with anorexia nervosa (AN) compared to healthy controls (CTL). It is not known, however, whether this characteristic is shared by other feeding and eating disorders (FEDs) or it is uniquely associated to AN.

Objectives   To compare autistic traits among individuals with AN, bulimia nervosa (BN), binge eating disorder (BED) and CTL and to investigate which specific dimensions differentiate one group from another.

Methods   A total of 241 FED patients (53 AN, 41 BN, 42 BED) and 105 CTL were administered the autism-spectrum quotient (AQ), the adult autism subthreshold spectrum (AdAS Spectrum), the Ritvo autism and Asperger diagnostic scale 14-item (RAADS-14 Screen).

Results   FED subjects reported higher AQ, AdAS spectrum and RAADS-14 total and subscales scores compared to CTL (all $P < .001$). No differences were found amongst AN, BN and BED subjects in questionnaires' total scores. BN group scored higher than AN in the hyper-/hyporeactivity to sensory input domain of the AdAS spectrum ($P < .001$); AN group scored higher than BED in the attention switching domain of the AQ ($P < .001$), and BED group scored lower than both AN and BN in the mentalizing deficit domain of the RAADS-14 (all $P < .001$).

Conclusions   We reported for the first time that not only AN but also BN and BED patients show greater autistic traits compared to CTL. Longitudinal studies are needed to confirm this preliminary report and to elucidate whether autistic traits either precede, co-occur or follow FEDs.

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

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O089
Resilient coping and social networks in old age

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Introduction   Both resilient coping strategies and the structural/functional characteristics of personal social networks are considered important factors when facing adversity and the challenges inherent to the aging process.

Objectives   To analyze the association between the configurations of ego-centred networks and different levels of resilient coping in a sample of elderly people.

Methods   Quantitative, cross-sectional study comparing groups, with 512 participants, mostly women ($n = 325$; 63.5%), married ($n = 264$; 51.5%), with 76 years old in average (SD $\pm$ 7.6), and with basic education ($n = 261$; 51%). We used a socio-demographic questionnaire, the IARSP-Elderly (personal social network assessment tool) and the Brief Resilient Coping Scale for data collection.

Results   We found different levels of resilient coping in our sample: low (50.4%); medium (38,7%); strong (10.9%). These three levels of coping were associated with the composition of ego-centred networks, namely the proportion of friends and colleagues ($P < 0.05$), different perceived emotional support, reciprocity and satisfaction with the network ($P < 0.05$), frequency of contacts and relationships' durability ($P < 0.05$).

Conclusions   Higher levels of coping are associated with a larger proportion of friends in the network, whereas the familistic networks are associated with low coping. Although participants in our study revealed mainly kin comprised networks, these results

reflect the relevance of resilient coping in the activation of non-kin relationships in old age.

Keywords Personal social networks; Ego-centred networks; Resilient coping; Elderly

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

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O090

Being afraid of compassion: Fears of compassion as mediators between early emotional memories and psychopathological symptoms in adulthood

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Introduction There is evidence suggesting that for some individuals self-generating compassion and being open to compassion from others can be difficult or aversive. To date, however, no study has explored how these fears of compassion are associated with early emotional memories, such as shame or safeness memories, and to symptoms of depression and anxiety in adulthood. The current study set out to investigate the mediator effect of fears of compassion on the relationship between the traumatic and centrality features of shame memories, early memories of warmth and safeness, and symptoms of depression and anxiety.

Method In this cross-sectional study, participants were 302 individuals (171 women; age M = 36.28; SD = 11.45) recruited from the general community population, who completed self-report measures of fears of compassion (for self, for others and from others), shame memories, safeness memories, depression and anxiety.

Results Path analysis showed that fears of compassion for self and of receiving compassion from others mediated the effects of shame traumatic memory, centrality of shame memory and early memories of warmth and safeness on depressive and anxiety symptoms. Fear of compassion for self was the best predictor of depression and anxiety.

Conclusions Fears of compassion may render an individual more vulnerable to defeat and threat responses when faced with stressful life events, which can manifest as symptoms of depression or anxiety. Clinical implications might be derived from these findings as these fears, as well as the negative emotional memories fuelling them, may need to be addressed in therapy to assist patients in self-generating and receiving compassion.

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

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Oral communications: Rehabilitation and psychoeducation and schizophrenia and other psychotic disorders

O091

Genetic counselling in psychiatric disorder with high suicide risk

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Introduction A better understanding of the genomics of mental illnesses allowed genetic counselling to be provided to individuals with severe mental illness and their families.

Aim The present study was aimed at assessing the efficacy of genetic counselling for severe mental illnesses with high suicide risk.

Method Assessment was performed before and after genetic counselling session. Measures used were evaluation of traumatic events in childhood, multidimensional scale for perception of social support (SMSSP), positive and negative affect schedule (PANAS-X), Brief Psychiatric Rating Scale (BPRS), Paykel questionnaire and Genetic Counselling Outcome Scale (GCOS). Paykel's questionnaire consists of five questions about suicidal thoughts and attempts, including: life-weariness, death wishes, suicidal ideation, suicidal plans and suicide attempts. Intervention and assessment lasted approximately one and a half hour. Data from 48 patients was analysed.

Results Mean age of participants was M = 38.4, SD = 9.7, and the group was batter represented by females (57%). The participants had various diagnoses, 22% had schizophrenia, 36% bipolar disorder and 42% recurrent depressive disorder. Forty percent of participants reported suicidal ideation and 22,5% had a past history of suicide attempt. Genetic counselling had a direct positive influence upon GCOS specific items and reduced the Paykel scores among participants presenting with suicidal ideation.

Conclusion Genetic counselling offers information about the disorder, the role of genetics and the impact of environmental factors. Preliminary data suggest that providing genetic counselling decreases the suicidal ideation frequency.

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

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O092

Analysing CYP2D6*4 Allele frequency in patients with schizophrenia

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Introduction Schizophrenia is treated with antipsychotics and other psychotropic medications, many of which are substrates for the highly polymorphic CYP2D6 enzyme. The most frequent variant allele is CYP2D6*4- leading cause of poor metabolism (PM) phenotype. PM causes the reduction of therapeutic response, increase the risk of adverse drug reactions and increase the plasma concentration of both drug and its metabolites above the levels of toxicity.

The Aim Analysing CYP2D6*4 allele frequency among schizophrenic patients for further individualisation and rationalisation of therapy.

Patients and methods Research was conducted on 38 schizophrenic patients and 110 healthy individuals. CYP2D6*4 allele was detected with allele specific PCR.

Results Both wild type allele carriers are 55% of the schizophrenic patients, 45% are wild type/*4heterozygous, and *4/*4 homozygous are not identified. There is a statistically significant difference in the genotype distribution ($P < 0.05$) between schizophrenic patients and healthy individuals. Significantly higher *4 allele frequency (37%) comparing to healthy individuals ($P < 0.0001$) indicates the necessary caution in administration of CYP2D6 substrates. A lower frequency of PMs in schizophrenic patients than in healthy individuals could be explained with CYP2D6 neuroactive substrate metabolism. Forty-five percent of the schizophrenic patients are intermediate metabolisers carrying the higher risk of adverse