

## EW653

### The H&F-Multidimensional Perfectionism Scale 13 (H&F-MSP13): Construct and convergent validity

M.J. Soares\*, A.T. Pereira, A. Araújo, D. Silva, J. Valente, V. Nogueira, C. Roque, A. Macedo

Faculty of Medicine, University of Coimbra, Department of Psychological Medicine, Coimbra, Portugal

\* Corresponding author.

**Introduction** The Hewitt and Flett Multidimensional Perfectionism Scale (H&F-MPS) is one of the most used measures of perfectionism. Their 45-items evaluate self-Oriented (SOP), Self-Precribed (SPP), and Other Oriented (OOP) perfectionism.

**Objectives** To study the internal consistency and convergent validity of the H&F-MSP13.

**Methods** One hundred and ninety-two university students (78.1% females), aged 19.74 years (sd = 2.10; range: 17–28) completed the Portuguese versions of H&F-MPS (Soares et al., 2003) and of Frost et al. MPS (F-MPS) (Amaral et al., 2013). Thirteen items were selected from the Portuguese version of the H&F-MPS, based on their loading in the factor (0.60 and over) (Soares et al., 2003).

**Results** The H&F-MSP13 revealed good internal consistency ( $\alpha = 0.816$ ). The corrected item-total subscale Spearman's correlations were high (from 0.418 to 0.820). The principal component analysis with factors varimax rotation produced three factors, which revealed acceptable/good internal consistency (SOP: explained variance/EV = 35.4%,  $\alpha = .900$ ; SPP: EV = 16.3%,  $\alpha = 0.695$ ; OOP: EV = 10.8%,  $\alpha = 0.709$ ). The correlations between the H&F-MSP13 scores and the matching scores of the H&F-MPS were high (from  $r = 0.745$  to  $r = 0.945$ , all  $P < .01$ ), suggesting that both scales measure similarly the constructs. The H&F-MSP13 and the H&F-MPS total scores demonstrate good convergent validity with the total score of F-MPS, as indicated by the correlations ( $r = 0.581/r = 0.636$ , respectively). The correlations similarities between the H&F-MSP13 and H&F-MSP dimensions and the F-MPS dimensions and total scores were also considerable.

**Conclusions** The H&F-MSP13 is a valid instrument to measure perfectionism that reveals convergent validity with the F-MPS, retaining the adequate psychometric properties of the H&F-MPS and its administration is less time consuming.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.771>

## EW654

### Impact of psychotic symptoms in functionality and quality of life of major depression patients in maintenance/continuation electroconvulsive therapy (M/C ECT)

A. Tarelho<sup>1,\*</sup>, A. De Arriba Arnau<sup>2</sup>, M. Robles Martínez<sup>3</sup>, M. Sarachaga Urretavizcaya<sup>2</sup>, V. Soria Tomás<sup>2</sup>, J.M. Menchón Magriñá<sup>2</sup>, N. Salvat Pujol<sup>2</sup>

<sup>1</sup> Centro Hospitalar de Leiria, EPE, Psychiatry service, Leiria, Portugal

<sup>2</sup> Bellvitge University Hospital, Psychiatry Department, Barcelona, Spain

<sup>3</sup> Hospital Universitario Puerta del Mar, Psychiatry, Cádiz, Spain

\* Corresponding author.

**Introduction** Psychotic depression has a higher rate of disability and relapse than non psychotic depression, however the optimal maintenance treatment after an acute response to either the antidepressant/antipsychotic combination or an ECT course is unclear (Rothschild, 2013). Although ECT is an effective therapy in affective disorders and M/C ECT is used to achieve and maintain patient's sta-

bility (Brown, 2014), very little is known about its implications in functionality or quality of life.

**Objectives** To study the relation between psychotic symptoms and functionality and quality of life in patients with Major Depressive Disorder (MDD) undergoing M/C ECT.

**Methodology** Transversal descriptive study of a sample of 17 MDD patients in M/C ECT. Administration of SF-36 (quality of life related to health), FAQ (functionality), Family APGAR, MMSE, GAF, HDRS. Informed consent. Statistical analysis with SPSS18.

**Results** The mean age of the sample was 72.47 years, 58.8% presented with psychotic symptoms and 41.2% with melancholic symptoms. We only found a statistically significant negative correlation between the Family APGAR and the presence of psychotic symptoms ( $U = -2.291$ ,  $P = 0.025$ ), without other differences in terms of functionality or quality of life.

**Conclusions** This study supports that there is no implication in the presence of psychotic symptoms regarding functionality or quality of life among the patients undergoing M/C ECT. We emphasize the need for randomized control trials to disentangle the effects of multiple variables on the functionality and quality of life of patients in M/C ECT.

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

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.772>

## EW656

### Are there clinical and care differences in real care intensity among patients in general hospitals suffering from psychiatric comorbidity?

J. Valdes-Stauber<sup>1,\*</sup>, S. Bachthaler<sup>2</sup>

<sup>1</sup> Zentrum für Psychiatrie Südwürttemberg, Psychosomatic Medicine, Ravensburg, Germany

<sup>2</sup> Zentrum für Psychiatrie Südwürttemberg Germany, Head Physician, Psychosomatics, Ravensburg, Germany

\* Corresponding author.

**Background** According to literature, about 30–40% of individuals admitted in general hospitals suffer from psychiatric comorbidity. Consultation-liaison services (CLS) cover internationally 1–10% of admissions and are able to improve care quality, treatment adherence and to reduce length of stay.

**Objectives** To assess possible clinical and care differences between individuals with and without psychiatric comorbidity as well as differences among principal diagnostic groups.

**Aims** To find out, whether individuals suffering from specific psychiatric diagnoses show a higher degree of care needs held by a CLS.

**Method** Retrospective, ethical approved full-survey assessment ( $n = 2940$ ) over three years (2012–2014). ICD-10 diagnoses, clinical factors and care variables were considered. Group differences were calculated by means of chi-square and ANOVA as well as Scheffé post-hoc estimation. Associations were conducted by means of multivariate regression as well as logistic regression models.

**Results** Individuals suffering from psychiatric comorbidity (48% of sample) were seldom primarily oncologic patients (30%), they showed more distress (DT = 6.5), more performance limitations (ECOG = 1.38), and less functionality (GAF = 59.6). They received more contacts by CLS (1.95), more cumulative treatment time (89.7 min), and more psychopharmacological interventions (30.6%). People suffering from recurrent depressive and somatoform disorders received much more contacts and treatment time than other diagnostic groups. Age was negatively associated with care intensity.

**Conclusions** CLS services are able to offer differentiated psychiatric care depending on diagnoses. Individuals suffering from classical psychiatric disorders received rather treatment as usual, oncologic patients more psychotherapeutic interventions.