Methods We describe the case of a 19-year-old male who was hospitalized after a suicide attempt in April 2015. He had been diagnosed of different psychiatric disorders such as mixed anxiety-depressive disorder, adjustment disorder and probable borderline personality disorder. During his stay at the hospital, we observed that he had schizoid personality traits. In the initial anamnesis, he denied ever having psychotic symptoms, but a few days later he admitted that the previous year he suffered throw a period of brief self-limiting psychotic symptoms.
Results Prophylactic treatment was started with oral aripiprazole 15 mg/day, which was well tolerated by the patient. He has been free of psychotic symptoms for the last 17 months (from April 2015 to September 2016). No relevant side effects were detected.
Conclusions Oral aripiprazole 15 mg/day can be a good therapeutic option in patients at ultra-high risk of developing a psychotic episode.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1006

Relationship between affective temperaments, traits of schizotypal Personality and early diagnosis in a sample of Italian healthy subjects

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Introduction Akiskal et al. [1] examined the relationship between affective temperaments and characteristics of schizotypal personality disorder. Schizotypal personality disorder is becoming increasingly important both in itself as a significant personality disorder and as a condition that can provide important insights into the origins of schizophrenia. Perceptual and interpersonal cognitive disorders, behavior and disorganized speech do the schizotypal personality disorder a kind of mild form of schizophrenia, a premorbid or prodromal phase of this serious disorder.
Aims To analyze, in an Italian sample of healthy subjects, the correlation between affective temperaments and schizotypal traits.
Methods We recruited 173 healthy subjects aged between 18 and 65 years who have completed the following tests:
– BIS-11;
– SPQ;
– SDS;
– SAS;
– HCL-32;
– TEMPS-A.
Results At linear regression analysis between TEMPS-A scores and other rating scales are observed highly significant associations between increasing scores of cyclothymic and depressive temperament, subjective anxiety and depression with scores pertaining to the schizotypal personality disorder.
Conclusions Clinically, a better understanding of the mechanisms that lead to a schizotypal personality could lead to the development of effective preventive and curative treatments in an early stage of symptoms in addition to the identification of subgroups at risk for the development of schizophrenic pathology.
Disclosure of interest The authors have not supplied their declaration of competing interest.
Reference

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EV1007

Forgiveness and armed conflict in a Colombian Caribbean region: Differences between genders

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The forgiveness within the framework of social-political conflict is a factor that affects the coexistence and welfare. In the Colombian Caribbean, there are a significant number of people who have been victims of land dispossession and/or forced displacement.
The aim of this study is to compare the forgiveness ability between men and women who have been displaced and are in the process of lands restitutions. Displaced and in restitutions process people were participated ($n = 38$), which 20 of them were women and 18 were men (Mean = 57.81; SD = 13.86). The CAPER Scale, was administered. A cross sectional and comparative design was carried out. The comparison was performed using a *t*-test for independent samples (Table 1).
Conclusions A greater tendency was observed in women for forgiveness himself, noneless a statistically significant gender difference was not identified. It was a greater tendency in men toward forgiveness to others, however there are no statistical differences between the two groups. In forgiveness situations, a similar trend is evident in gender. As for beliefs, it was observed that men scored higher, this allowed statistically significant differences were observed [$F(1, 38) = 6.271$; $P > 0.05$].

Table 1

Means and SD – Caper Scale	1. Women; 2. Men	*n*	Mean	SD	Standard error of mean
Forgiveness himself	1	20	28.00	4.899	1.095
	2	18	26.00	4.229	0.997
Forgiveness to others	1	20	28.35	5.402	1.208
	2	18	29.11	4.129	0.973
Forgiveness situations	1	20	28.00	5.016	1.122
	2	18	28.00	3.757	0.886
Beliefs	1	20	11.80	2.821	0.631
	2	18	13.33	1.188	0.280

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EV1008

Psychiatric Risk Assessment Scale (PRAS)

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Introduction The aim of psychiatry is the prediction of risks.
Objectives Creation of the Psychiatric Risk Assessment Scale (PRAS) (Table 1).
Aims To assess psychiatric inpatients for risk to self and others.
Methods The PRAS comprises 20 risk items that rate five probabilities of occurrence: 0% (nil), 25% (low), 50% (moderate), 75% (high) and 100% (severe). Cut-off score indicates "moderate" risk = 50. The mathematical formulas for the risks are as follows:

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– severity of risk (SR) = average for the whole table multiplied by %;
– number of significant risk events (NSRE) = count of risks scored from 50% to 100% divided by 20 (items);
– probability of occurrence of risks (POR = NSRE%);
– range probability of death (RPD) = range score of (overdose + suicide + reckless activities)%.
Two raters assessed independently $n = 8$ patients. Kappa inter-rater statistic was used by dichotomous results (above-below cut-off score).
Results Inter-rater Kappa = 0.60 indicates a moderate inter-rater agreement. In the sample, only 2 patients scored above the cut-off score of 50, indicating a level of moderate-to-severe risk. For the other patients, the average SR = 36%, indicating low-to-moderate risk.
Conclusions PRAS is constantly used to assess the likelihood that the care provided to patients admitted to hospital is sufficient or whether major remedial action is required.

Table 1

Events	0%	25%	50%	75%	100%
Becoming homeless	0				
Alcohol dependence or harmful use	0				
Assault to others	0				
Homicide	0				
Discontinuing medication			50		
Disengaging from services			50		
Exploitation from others		25			
Self-harm by cutting				75	
Overdose of medications				75	
Taking illicit substances				75	
Conflict with others				75	
Conflict with the law				75	
Dangerous to others				75	
Other suicidal attempts (e.g. hanging, self-poisoning, etc.)					100
Relapse in presentation					100
Sabotaging care plans					100
Reckless activities (e.g., risk driving, walking on railtrack)			50		
Theft					100
Social isolation					100
Exploitation of others					100
Total severity of risk (max=100%) is:					

	Nil	Low	Moderate	High	Severe
Number of risk events:	4	1	3	6	6

Final report:		
The total severity of risk (SR) for self and others is:	61.25%	(MAX=100%)
The total number of significant risk events (NSRE) from moderate to severe is:	15/20	(MAX=20/20)
Therefore, the probability of occurrence of risk events (POR) (the maximum being 1.0 or 100%) is:	0.75 or 75 %	
The range probability of death (RPD), accidental or voluntary, by one of the risk events including accidental and deliberate overdoses, reckless activities and active suicidal acts is:	Range Minimal risk 50 % to Maximum risk 100 %	

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EV1009

Probability of Relapse Scale (PRORES) for psychiatric inpatients

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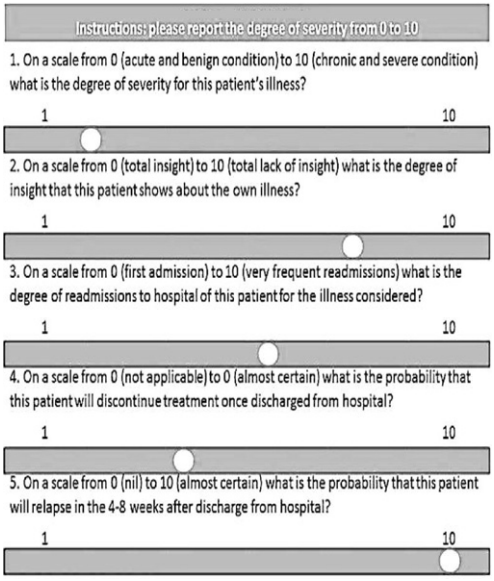
Introduction The prediction of relapse in presentation is central to psychiatric prognosis.
Objectives The Probability of Relapse Scale (PRORES) (Table 1) is used by the authors to predict the likelihood of relapse by psychiatric inpatients.
Aims To tailor better care plans by knowing the likelihood of relapse and readmission to hospital.
Methods Eighteen inpatients were diagnosed with the ICD-10 codes. Results were reported on a 5-point probability scale from 0 (less severe) to 10 (most severe). The 5 items are: degree of severity of illness, degree of patient's insight, frequency of readmission into hospital, probability of discontinuation of therapy and probability of relapse in the 4–6 weeks after discharge.
Results With the cut-off score at 25 (score 5 × 5 items), indicating a moderate level of relapse, we ascertained that 100% of patients with a personality disorder (usually borderline) and substance misuse relapse are readmitted shortly after discharge, compared with 85.71% of those with psychoses and 66% of those with mood disorders.
Conclusions The PRORES can help support those patients who are at elevated risks of relapsing due to any of the major causes: discontinuation of treatment, chronicity and poor insight into their own condition (Table 1).

Table 1 PRORES Scale.



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e-Poster Viewing: Promotion of mental health

EV1010

Flourishing: Factors associated with positive mental health among young adults with neuropsychiatric disorders

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