

Abstracts

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ORAL COMMUNICATION SESSION 01: ANXIETY DISORDERS AND SOMATIFORM DISORDERS / BIPOLAR DISORDERS / CLASSIFICATION OF MENTAL DISORDERS

O0001

Further validation of the portuguese version of the modified dental anxiety scale

A.T. Pereira, A. Araujo, C. Cabaços*, M.J. Soares, S. Xavier, C. Marques, P. Lopes and A. Macedo Portugal

Introduction: Dental anxiety is a public health problem, affecting at least 10% of the population. The Modified Dental Anxiety Scale (MDAS; Humphris et al. 1995) is the most frequently used dental anxiety questionnaire, due to its brevity (5 items) and good psychometric properties. The Portuguese version of MDAS (Lopes 2009) presented adequate validity and reliability in a sample of university students. It is important to continue to study its psychometric features, namely with a more representative sample of the Portuguese population.

Objectives: To analyze the psychometric properties of the MDAS Portuguese version in a general population sample: construct validity (factor structure using Confirmatory Factor Analysis/CFA), internal consistency and concurrent validity.

Methods: A community sample of 437 adults (68.2% women; mean age= 35.15±15.790; range:18-88 years) completed the Portuguese versions of: MDAS, Dental Fear Survey (Lopes 2009) and State-Trait Anxiety Inventory (Silva et al. 2006).

Results: CFA indicated a good fit for the unidimensional model ($X^2/df=3.239$; CFI=.994; GFI=.988; TLI=.985; $p[RMSEA \leq .01]=.072$), as well as for the second-order model with two factors ($X^2/df=3.239$; CFI=.991; GFI=.987; TLI=.988; $p[RMSEA \leq .01]=.070$). MDAS Cronbach's alpha was of $\alpha=.903$; for F1 Anticipatory Anxiety and F2 Treatment Related Anxiety were $\alpha=.885$ and $\alpha=.866$, respectively. MDAS total and dimensional scores significantly and highly correlated ($r=.70$) with all DFS measures and moderately with trait-anxiety ($r=.30$).

Conclusions: This additional validation study emphasizes that MDAS is a valid and reliable measure of dental anxiety. In the near future we will determine the MDAS cut-off to screen for dental anxiety disorders.

Conflict of interest: No

Keyword: Dental Anxiety

O0002

Impact of childhood trauma and attachment styles on resilience in euthymic patients with bipolar disorder

C. Citak* and E. Erten

Turkey

Introduction: Adverse experiences in childhood negatively affect the development of resilience and of secure attachment, and these experiences have been associated with worse course of illness in patients with bipolar disorder.

Objectives: We aimed to examine impact of childhood trauma and attachment styles on clinical features and mediating role of resilience on this impact in patients who have been diagnosed with bipolar disorder according to DSM-5. Possible relations between childhood trauma, attachment styles and resilience were also examined.

Methods: The study group comprised of 110 euthymic patients with bipolar disorder. Hamilton Depression Rating Scale (HAM-D) and Young Mani Rating Scale (YMRS) are administered to verify remission. Childhood trauma questionnaire (CTQ), Experiences in Close Relationships-revised and Resilience for Adults scales administered to all patients.

Results: More than half of patients (58.2%) in our bipolar disorder sample reported childhood trauma. Total childhood trauma scores were associated with lower scores of resilience ($r=0.412$ $p<0.01$), higher scores of attachment-related anxiety ($r=0.324$ $p<0.01$) and avoidance ($r=0.236$ $p<0.05$). Resilience scores were negatively associated with attachment-related anxiety ($r=-0.514$).

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EUROPEAN PSYCHIATRIC ASSOCIATION

Results: The cohort of HC users included 294,445 women aged 15–49 years, 25.8% of Finnish female population of that age range. While antipsychotics were more common among non-users (3.9% vs. 3.7%, $p=0.001$), HC users were more likely to be prescribed with antidepressants (13.2% vs. 12.1%), anxiolytics (5.7% vs. 5.2%), sedatives/hypnotics (6.0% vs. 5.2%) or a combination of them (0.4% vs. 0.3%) ($p<0.001$). No differences were found in prescription rates of psychostimulants.

Conclusions: Prescriptions of Psychotropic medications, except for antipsychotics and psychostimulants, are more common among HC users. The nature of these findings will be further examined in a long-term prospective register-based setting.

Conflict of interest: No

Keywords: hormonal contraception; psychotropic medication; prescription

O0072

Pharmacokinetics of lithium in nursing infants

M.L. Imaz^{*}, M. Torra, D. Soy, L. Garcia-Esteve and R. Martin-Santos

Spain

Introduction: Lithium is an effective first-line treatment for bipolar disorder in the perinatal period. Historically women have been instructed to avoid breastfeeding while taking lithium due to the high variability of the transfer into breastmilk and the possible risk of lithium toxicity in the nursing infants.

Objectives: The aim of the study was to evaluate the pharmacokinetics of lithium at delivery and during lactation

Methods: The Unit of Perinatal Mental Health Clinic-Barcelona, recruited and prospectively followed nine women with bipolar disorder treated with lithium monotherapy during late pregnancy who elected exclusive breastfeeding. Study variables: socio-demographic, psychopharmacologic treatment, neonatal and child outcomes. Lithium plasma concentrations were collected intrapartum [maternal blood (MB), umbilical cord (UC)] and simultaneously in mother-infant pairs during lactation. Lithium plasma concentrations were determined by means of an AVL 9180 electrolyte analyzer based on the ion-selective electrode (ISE) measurement principle. Detection limit was 0.10 mEq/L.

Results: Lithium equilibrates across the placenta [mean (SD) UC/MB ratio 1.12 (0.10)]. The infant plasma to-maternal plasma lithium concentration (I/P) ratio decreased by the time from 1.12 (delivery) to 0.28 (delivery + 45.90 days). At seven weeks after birth, the infant plasma lithium concentrations ranged from 0.10–0.20mEq/L. No signs of lithium toxicity or other clinical adverse events were observed in the breastfeed infants.

Conclusions: Lithium crosses the placenta completely and the concentrations in infant plasma decreased across time. We did not observe signs of lithium toxicity in nursing infants. Our suggestion is to monitor lithium concentration in mother-infant dyads at delivery, at 2, 10, 30 and 60 days postpartum.

Conflict of interest: No

Keywords: Lithium; Pharmacokinetics; Lactation; Nursing Infants

O0073

Discriminant validity of the prenatal obsessive-compulsive scale – distinguishing between perinatal OC, depression and anxiety in pregnancy

A.T. Pereira, A. Araújo^{*}, S. Xavier, J. Azevedo, M.J. Soares, M. Marques and A. Macedo

Portugal

Introduction: Prenatal obsessive-compulsive (prOC) phenomena lack reliable characterization, as most studies focus on the postpartum. The Perinatal Obsessive-Compulsive Scale (POCS; Lord, 2011) may contribute to improve our understanding and the approach to preOC, namely, in the discrimination between prenatal OC phenomena and anxiety/depression.

Objectives: To analyze if women with clinical Obsessive-Compulsive Disorder (scores above the POCS cutoff) differ from women with clinical depression (scores above the Perinatal Depression Screening Scale-24/PDSS cutoff) and clinical anxiety (scores above the Perinatal Anxiety Screening Scale/PASS cutoff), in pregnancy, in OC Severity and Interference as assessed by the POCS.

Methods: 345 women (mean age=32.20±5.241) in the second trimester of pregnancy (mean gestation weeks =17.86±4.744) filled in the Portuguese versions of the PDSS, the PASS and the POCS. Women with scores above the cutoff in more than one questionnaire were excluded. Non-parametric tests were applied ($p<.008$).

Results: OC_Severity and OC_Interference significantly differed in women with scores below PDSS/PASS/POCS cutoffs (67.5%; Mean±SD=7.12±5.26 and 3.49±4.05) vs. women with POCS>20 (7.5%; 13.23±4.18 and 7.11±5.14); women with POCS>20 also presented significantly higher scores (only in OC_Severity) than women with PDSS>44 (8.7%; 7.62±6.191) and with PASS>28 (2.0%; 8.40±5.13 and 7.60±7.23). Women with PDSS>44 vs. PASS>28 vs. with scores above PDSS/PASS/POCS cutoffs did not significantly differ in OC_Severity and OC_Interference.

Conclusions: These results prove the clinical discriminant validity of the POCS and show that it can be useful in the discrimination between obsessions/covert compulsions and other forms of repetitive negative thinking, also present in women with perinatal anxiety (eg. worry) and depression (eg. rumination).

Conflict of interest: No

Keywords: Prenatal obsessive-compulsive symptoms; Anxiety; Perinatal Obsessive-Compulsive Scale; Dépression

O0074

Empathy and personality traits in general practitioners

D. Mnif^{*}, R. Sellami and D. Jmal

Tunisia

Introduction: Different factors influence the empathy of the doctor, especially the personality.

Objectives: To study different factors that can influence the physician's empathy and the dimensions of the personality of the doctors to establish the link that can exist between these dimensions and the different dimensions of empathy.