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Results.– Symptoms were assessed in 114 patients. Mean (sd) ratings for the CGI-SCH positive and CGI-SCH negative scales were 3.94 (1.7) and 3.42 (3.4), respectively. Mean (SD) ratings for the PANSS positive and negative symptoms scale are 22.5 (8.7) and 17.8 (8.2), respectively. The correlation coefficients between the CGI-SCH and the PANSS positive and negative scores were 0.82 and 0.82, respectively. There was a clear linear relationship between the CGI-SCH positive and negative scores and the mean PANSS positive and negative mean scores (see Fig. 1).

Conclusions.– The CGI-SCH positive and negative items have high concordance with the PANSS positive and negative scales, respectively. Given its simplicity, brevity and validity, the scale is appropriate for use in observational studies, clinical trials and routine clinical practice.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0800

Improving reliability for the arabic version of the montreal cognitive assessment (MOCA)

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Background and aims.– Montreal Cognitive Assessment (MoCA) considered one of the main screening tools used to evaluating mild cognitive impairment (MCI). This tool has several translations to wide range of languages including Arabic language. Previous researches on the Arabic language version of the assessment revealed good psychometric properties, but it raised some concerns regarding its reliability.

Since the assessment does not have a practice test. The main idea of this research is to develop a practice test in order to prepare the subjects on how to perform that will reflect on a better reliability of the assessment.

Methods.– The participants were 34 healthy university students and Arabic is their first language. An 11 items similar to the ones found on MoCA were given to the participant prior the official Arabic version of the assessment. The reliability of the assessment was evaluated by Spearman correlation method for the Test Re-Test, as there was a one week interval between the two administrations.

Results.– The test-retest revealed an average score in test 1 equivalent of 24.9 ± 2.8 and the score in test 2 equivalents of 26.3 ± 2.4 . The average change between the two tests was 1.4 degrees. The alpha Spearman correlation between the two tests was high indicating a better reliability compared to previous researches.

Conclusions.– Despite the good psychometric properties of MoCA, the results showed that better comprehending of the items leads to higher reliability; therefore having a practice test would give an accurate result that is highly important on clinical use.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

E-PV0801

Self-determination theory in rehabilitation of patients with somatic and mental illnesses: validation of illness and treatment self-regulation questionnaire in the Russian neurological sample

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Background and aims.– According to self-determination theory (Deci, Ryan, 2000), unsatisfaction of needs in autonomy, competence and relatedness both in somatic and mental patients (Sheldon et al., 2003) is a negative prognostic factor for mental health and health-related quality of life. One of the key psychiatric problems in the rehabilitation of neurological patients is to reveal psychological factors unrelated to cognitive deficits and related to compliance and life satisfaction.

The aim was to develop and validate a questionnaire appraising satisfaction of basic needs in the rehabilitation process in different illnesses.

Methods.– 50 after-stroke patients (35 men, 18–79 years old) with paresis not having prominent cognitive dysfunctions filled MOCA, Illness and Treatment Self-Regulation Questionnaire, Satisfaction With Life Scale (Diener et al., 1985), Morisky-Green Compliance Scale and appraised their satisfaction with treatment.

Results.– Factor analysis revealed 3-factor structure according to SDT model describing 75.06% of variance with factor loadings 0.41–0.94. Cronbach's alpha was 0.65–0.76. Independently of cognitive functioning (MOCA), competence satisfaction was related to subjective treatment effectiveness ($r=0.53$, $p<0.01$) and life satisfaction ($r=0.40$, $p<0.05$), relatedness satisfaction – to the importance of rehabilitation goals and autonomy satisfaction – to subjective compliance ($r=0.52$, $p<0.01$).

Conclusions.– SDT-based measure of need satisfaction in somatic and mental illnesses is a reliable measure with theory-based factor structure in after-stroke patients. Results should be proved on samples on different mental illnesses to check the relationship of need-satisfaction with quality of life and compliance of mental patients. Research is supported by the Russian Foundation for Basic Research, project No. 17-29-02169.

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E-PV0802

Improved clinical trial designs in psychiatry: the future is now?

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Background and aims.– Treatment with SSRI's shows a high poor-response rate. Hence there is an unmet need to unravel the mechanisms of therapy resistance and to identify potential responders. A large amount of negative randomized controlled studies with SSRI's – which operated with averages rather than assessing interindividual variability – can be in our opinion explained by failing trial designs to a bigger extend than by failing drugs. Novel trial designs are needed to bring clinical studies to a new level.

Methods.– Discussion on methodology aimed to improve phase IV clinical trials in psychiatry. We put the focus on cross-over studies with conformation period and their subforms: umbrella and platform study designs. Additionally, we will discuss the pro's and contra's of the enrichment period as a valuable tool to identify potential responders to SSRI's prior to the treatment period.

Results.– Cross-over trials are the novel tool to explain inter-individual variability; few cross-over trial with psychopharmaca have been recently published. As all of them have certain methodological limitations, the authors of current work suggest improvements within current concept of a clinical trial conduct in psychiatry, by applying the improved methodology.

Conclusions.– Personalized approach became a routine procedure in many fields of medicine but it is still new in psychiatry. Understand-