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Abstracts – Poster

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Poster

P1 - Gender bias in mental health research: An analysis of publications 2012-2015

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Background: There is evidence that gender is an important determinant of mental health problems and also moderates treatment response. Biomedical research studies have failed to account for sex and gender differences but there is limited investigation of whether this is also the case for mental health research.

Aims: To establish whether sex or gender is systematically investigated in studies published in general psychiatry journals.

Methods: All papers published in JAMA Psychiatry and British Journal of Psychiatry between 2012 and 2015 were examined for sex or gender analyses. This included whether women and/or men were included, if childbearing/fertile/pregnant/breastfeeding women were excluded, if power calculations were calculated for gender, if adverse events were reported by gender, if interaction tests were done and if analysis was stratified by gender.

Results: Of the 728 studies including males and females, 32 (4%) studies conducted an interaction test for sex/gender, 116 (16%) stratified analyses by sex/gender whilst 262 (36%) adjusted for gender with no initial interaction test or stratification. No study that included both males and females reported a power calculation powered for the analysis of its primary outcome by gender. 2 (0.3%) studies reported adverse events by gender. 4 (0.5%) papers excluded childbearing women, 9 (1.2%) excluded fertile women, 52 (7%) excluded pregnant women, and 27 (4%) excluded breastfeeding women.

Conclusions: We have shown that the vast majority of studies do not address gender in their analyses other than adjusting for gender, which cannot allow researchers to establish whether sex or gender moderates the findings.

Poster

P2 - Differences in personality traits between recent-onset-of psychosis patients and a control sample by gender

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Background: Personality traits in recent onset of psychosis (ROP) patients are an under-researched area. However, the implications of the comorbidity of having a high severity of a certain clinical trait are being studied with important relations with symptoms, treatment and other variables.

Aims: Our aim was to compare clinical personality traits in ROP patients with a healthy control sample by gender

Methods: Data were obtained from 94 ROP patients and a control sample matched in gender and age. The Millon Clinical Multiaxial Inventory and a sociodemographic scale were used. Fisher tests were applied to make comparisons

Results: The overall sample traits schizoid, avoidant, dependent and antisocial were significantly more common in the patient than in the control sample. However, histrionic clinically significant trait was more common in the control sample. In relation to the males and female samples, more significant differences were found in the male sample in comparison to their control counterparts than in the female sample.

Conclusions: These results highlight the importance of the study of clinical personality in patients with ROP and the importance of viewing these differences in relation to gender because of the possible therapeutic implications

Poster

P3 - Assessing the influence of gender and health professionals in stigma towards people with schizophrenia

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Background: People with schizophrenia are a stigmatized group. Several studies have been carried out comparing the attitudes of health professionals and the general population towards the mentally ill. There are some studies that compare stigma towards people with schizophrenia between men and women. Results regarding these issues are not conclusive.

Aims: We hypothesized that to be a health professional (HP) decreases negative stereotypes, and to be a woman decreases negative stereotypes as well.

Methods: An experimental design was conducted. The participant was randomly assigned to eight experimental conditions of a person (male or female) with schizophrenia. The sample size was 346 participants, adults who voluntarily responded to an online survey. Participants were assessed with The scale of Community Attitudes toward Mentally Ill (CAMI) and sociodemographic data was explored, too. A t- Student was performed to compare the perceived stigma in men and women. Secondly, another t- Student was performed including influence of professional experience in health in the comparative between men and women in the perceived stigma.

Results: There were not significant differences in stigmatizing responses between HP of different genders. Nevertheless, there were significant differences in stigmatizing responses between women and men of general population(GP) in not health professionals. Women in GP were less authoritarian(Mean=21.22♀ vs 23.32♂, p=0.011) and less no-benevolent (Mean= 17.59♀ vs 19.81♂, p=0.005).

Conclusions: Our results indicate that there are differences between gender in the social role towards people with mental illnesses. Women stigmatize less than men. These differences disappear when men dedicate their professional lives to health care, showing more benevolence to people with schizophrenia before or after their dedication.

Poster

P4 - Effects of Raloxifene on cognition in Postmenopausal Women With Schizophrenia: A 24-Week Double-Blind, Randomized, Placebo-Controlled Trial.

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Background: The potential role of selective estrogen receptor modulators (SERM) in schizophrenia is increasingly being recognized as adjuvant treatment for symptoms and cognitive functions. Raloxifene is a SERM that appears to act similarly to conjugated estrogens on dopamine and serotonin brain systems.

Aims: We assessed the utility of raloxifene (60 mg) as an adjuvant treatment for cognitive symptoms in postmenopausal women with schizophrenia in a 24-week, double-blind, randomized, placebo-controlled study.

Methods: Patients were recruited from the inpatient and outpatient departments of Parc Sanitari Sant Joan de Déu, Hospital Universitari Institut Pere Mata, and Corporació Sanitària Parc Taulí. Seventy postmenopausal women with schizophrenia were randomized to either adjunctive raloxifene (38 women) or placebo (32 women). Main outcome measures were: Memory, attention and executive functions. Assessment was conducted at baseline and week 24.

Results: The total sample was homogenous with respect to: age, years of schooling, illness duration and pharmacological treatment. The addition of raloxifene to regular antipsychotic treatment in the global sample showed: No differences in cognitive function. When we performed a sub-analysis in patients without dementia profile (n=47) we found small differences in a verbal memory task in raloxifene group. When we selected strict criteria for defining “respondent patients” only 3 patients fulfilled the criteria, and all from the raloxifene group.

Conclusions: The use of raloxifene as an adjuvant treatment in postmenopausal women with schizophrenia could be useful in improving cognitive symptoms in only a specific group of patients.

Poster

P5 - GENDER DIFFERENCES AND SOCIAL FUNCTIONING IN PEOPLE WITH SCHIZOPHRENIA IN PSYCHOSOCIAL REHABILITATION SERVICES.

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Background: Women with schizophrenia with showed better social and clinical functioning than men

Aims: The aim of this study was to assess gender differences in social functioning of people with a diagnosis of schizophrenia that are in psychosocial rehabilitation treatment.

Methods: Patients of rehabilitation services were assessed with several measures of clinical and social functioning were used: CGI, GAF, SFS, LSP, CSQ and GR.

Results: Gender differences were found in the subscales of independence-competence ($p=0.006$) and independence-performance ($p=0.017$) of the SFS. No other differences between genders were observed.

Conclusions: Our results clearly suggest that women with schizophrenia undergoing the rehabilitation process could benefit from psychosocial intervention in order to improve social skills and functioning.

Poster

P6 - Pregnancy-induced changes in a woman's brain are associated with an increase of the mother's empathy

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Background: Recent investigations have demonstrated that human pregnancy involves long-lasting volumetric changes in the woman's brain, specifically in areas subserving prosocial behavior and empathy. Pregnancy is also known to be a critical period for developing mental disorders. A better description of how the brain is reorganized during pregnancy and which specific aspects of the maternal behavior are affected, will allow a better understanding of the mechanisms that underlie postpartum disorders

Aims: To investigate whether brain's morphological changes during pregnancy entail a higher empathic behavior

Methods: We designed a prospective study (pre and post pregnancy) involving structural magnetic resonance imaging of 25 first-time mothers and 17 first-time fathers. Using FreeSurfer, we quantified change over time in total brain volume, cortical volume, cortical thickness, cortical surface area, the 'exposed' part of the surface area and the gyrification index. We examined the correlation between these morphometric changes and the pre-post changes in the scores of empathy (measured by Interpersonal Reactivity Index).

Results: For the first-time mothers, the degree of brain morphological changes correlated with changes in the scores of empathy. Most morphological changes correlated significantly with the scores of personal distress. No statistically significant correlations were found in the sample of fathers

Conclusions: Our results indicate that brain changes during pregnancy are related to changes in empathy, likely helping to understand infant signals and subsequently adequate caregiving. This study offers a more detailed description of pregnancy-induced structural and cognitive changes of the brain and could help to understand the mechanisms that underpin normal and pathological maternal behavior

Poster

P7 - Theory of Mind: Symptoms and cognitive functioning regarding gender in people with a recent-onset psychosis

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Background: Theory of Mind is a wide studied issue in psychosis, however gender differences are unexplored.

Aims: To assess gender differences regarding Theory of Mind (ToM) in patients with a recent-onset psychosis. A secondary aim is to assess which clinical and cognitive variables are related with ToM by gender.

Methods: One hundred and twenty-two patients with a recent onset of a psychotic disorder were assessed with the Hinting Task to assess ToM. Symptoms were assessed with the Positive and Negative Syndrome Scale (PANSS) and working memory were assessed with Trail Making Test A (TMT A) and B (TMT B).

Results: Women presented better ToM than men ($p=0,030$). On the other hand, women who were more affected in ToM had more negative symptoms ($p= 0.017$) and total symptoms ($p=0.051$). However, this relationship was not found in the men sample. Regarding cognition, men who scored worse in working memory task performed worse in ToM, TMT A ($p= 0.024$) and TMT B ($p=0.035$). However, this effect was not found in women.

Conclusions: Although women performed better in ToM, strategies of intervention should be differently to men and women. Women would benefit more of symptoms interventions while men of cognitive interventions.

Poster

P8 - Gender Differences in Carers of Patients with Schizophrenia: a qualitative study

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Background: Schizophrenia is a mental disease that affects the patient life and their caregivers, which are usually women. Despite their important role in the disease and in its course itself, carers have been frequently undervalued and unengaged in the studies.

Aims: The aim of this study is to analyze the needs of the caregivers, specially focusing in gender differences.

Methods: In the context of a European study about treatment-resistant schizophrenia and new technologies, a qualitative analysis of gender differences about needs of caregivers of outpatients with treatment-resistant schizophrenia was carried out in Parc Sanitari Sant Joan de Déu (Barcelona). Opinions of informal carers concerning their experience with patients with schizophrenia were analyzed. A single focus group was demanded with 5 women and 4 in-depth interviews with men were included. The framework was the discourse analysis.

Results: women are the main people responsible for patients' care, being their main confidant and the primary informal carers. Also, they have a more reliable knowledge of patients' daily life and show a higher awareness of the disease. Women are the main demanders of tools to improve the assistance provided to patients at home. About patients' isolation, while women consider it is because of the own disinterest and the patient's symptoms, men think that it is because of the social stigma. Men have more difficulties assimilating the illness than women.

Conclusions: There are clear differences in gender distribution of caregivers of people with schizophrenia, and also gender differences in their needs.

Poster

P9 - Gender differences in childhood trauma in patients with first-episode psychosis: A preliminary study.

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Background: Gender differences remain underexplored in trauma's studies, and less in patients with first-episode psychosis (FEP). Evidence shows associations between physical/sexual abuse in women, but not in men (Fisher et al., 2009) in FEP patients.

Aims: This study examined the gender differences in relation to childhood trauma in FEP patients.

Methods: This research was part of a longitudinal observational study called 'PROFEP Group' in Catalonia. Patients belong to Mental Health Parc Sanitari Sant Joan de Déu (adults) and Hospital Sant Joan de Déu (children/adolescents) health care sector. Participants were FEP patients (N=22; males= 14, females= 8) and healthy controls (HC; N=14; males=5, females=9) between 15-42 years. We used the Childhood Trauma Questionnaire-Short Form (CTQ-SF; Bernstein et al., 2003) assessed into: physical, emotional, and sexual abuse, as well as physical and emotional neglect. To evaluate differences between groups Mann Whitney was used.

Results: FEP patients experienced more physical neglect (p

Conclusions: The role of gender differences is crucial to know future interventions focused on specific types of traumas between males and females. In particular, male samples undergoing FEP treatment would be the focus of emotional neglect that involves neglectful omissions.

Poster

P10 - Health-related quality of life and psychosocial needs in people with severe mental disorders: gender differences.

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Background: Severe Mental Disorders (SMD) impact Health-Related Quality of Life (HRQoL), which in turn, is related to psychosocial needs.

Aims: To know the dimensions of the psychosocial needs related to HRQoL in women and men with SMD in the Adult Mental Health Centre (CSMA) of the Althaia Foundation in Manresa, 2014.

Methods: Cross-sectional study of people with SMD who attended the CSMA. A simple random sample with a final sample of 190 people was performed and also a data collection using SF-36 questionnaire and CAN-R. A means comparison of SF-36 scores according to needs and sex was performed. Signing subjects informed about their consent, and the study was approved by the Ethics Committee of the Health Centre.

Results: 62.6% were women with an average of 50.3 ± 9.4 years. In women and men, needs related to the physical component of HRQoL (PCS) were: household care, physical health and psychological distress. In addition, women were also associated with psychotic symptoms and information on condition and treatment; and men with food, drugs and children's care. In relation to the mental component of HRQoL (MCS), women and men's related needs were: household care, physical health, psychotic symptoms, psychological distress and children's care. In addition, women's needs were also associated with: daytime activities, self-confidence, transport, money and benefits; and men's needs were associated with food, company and couple relationship. Only children's care in PCS, and money in MCS showed statistically significant differences between men and women (p

Conclusions: Women and men present a different needs profile in relation to HRQoL measures.

Poster

P11 - Gender differences in the efficacy of Metacognitive Training in people with recent onset of psychosis

Miriam Salas , Raquel López-Carrilero, Esther Pousa , Ana Barajas, Eva Grasa, Maria Luisa Barrigón, Esther Lorente, Jordi Cid, Fermín González, Isabel Ruiz, Irene Birulés, the Spanish Metacognition Group, Susana Ochoa.

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Background: Gender differences have been found in clinical and social variables in people with psychosis; however fewer studies have explored the effect of gender in response to psychological treatment.

Aims: To assess the efficacy of Metacognitive Training (MCT) in people with a recent onset of psychosis in terms of symptoms and cognitive insight regarding gender.

Methods: A multicenter, randomized, controlled clinical trial was performed. A total of 122 patients were randomized to an MCT or a psycho-educational intervention. The sample was composed of people with a recent onset of psychosis, recruited from 9 public centers in Spain. The treatment consisted of 8 weekly sessions for both groups. Patients were assessed at three time-points: baseline, post-treatment, and at six months of follow-up. The evaluator was blinded to the condition of the patient. Symptoms were assessed with the PANSS and cognitive insight with the BCIS. A regression model for repeated measures was performed with the SPSS.

Results: Men of both groups improve more in positive, negative and disorganized symptoms of the PANSS (p

Conclusions: MCT could be an effective psychological intervention for people with a recent-onset of psychosis for the improvement of cognitive insight and affective symptoms in women, increasing over the time.

Poster

P12 - Gender differences in an outpatient program to promote treatment adherence.

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Background: Adherence to pharmacological treatment is one of the main challenges of psychiatry and has been related to negative consequences in evolution and prognosis of severe mental disorders. Several strategies have been proposed to improve pharmacological adherence, but few studies have evaluated gender differences.

Aims: - To describe the profile of patients included in a program to improve therapeutic adherence. - To assess changes in resources consumption and describe gender differences.

Methods: Observational study of 42 outpatients diagnosed with psychotic or bipolar disorder, who were provided biweekly or monthly medication on blisters by nursing care. A descriptive analysis of the sample was carried out, and gender differences were assessed. In patients included from 2011 to 2016, clinical data from the previous and subsequent years were compared. Qualitative variables were analysed with Chi-square test, and quantitative ones with T-Student test and T-Student test for paired data.

Results: 47.6% of the sample were women. The most frequent diagnosis was psychotic disorder (78.6%). Blisters delivery was bi-weekly in 45.2% of the treatments. The number of emergency visits and hospital admissions in the previous year was higher in women ($p = 0.033$ and $p = 0.030$, respectively). Emergency visits ($p = 0.037$) and hospital admissions ($p = 0.037$).

Conclusions: In our sample, women required more hospital admissions and emergency visits before their inclusion in the program. Subsequently, both emergency visits and admissions decreased in both gender. This program could be useful to promote clinical stability in patients with severe mental disorder.

Poster

P13 - Neurocognition and gender differences in patients with first-episode psychosis: A preliminary study.

Vila-Badia, Regina (1); Butjosa, Anna (1); Del Cacho, Nuria (1); Ledesma, Gabriel (1); Rubio- Abadal, Elena (2); Sintes, Anna (3); Dolz, Montserrat (3); Ochoa, Susana (1); Portolés, Laia (3); Alberto, Royo (2); PROFEP, Group (2); Judith, Usall (2)

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Background: There are few studies that study the role of gender in cognitive functioning in FEP patients and the results are controversial, among other reasons because the evaluation tests are not always the same. Most studies found that women show better scores in verbal memory and social cognition, while men score better in tworking memory, visual memory and planning.

Aims: To examine the gender difference in the seven domains of neurocognition in patients with first-episode psychosis (FEP).

Methods: This research was part of a longitudinal observational study called 'PROFEP Group' in Catalonia. The patients belong to Mental Health Parc Sanitari Sant Joan de Déu (adults) and Hospital Sant Joan de Déu (children/adolescents) health care sector. Participants were FEP patients (males= 20, females= 16) and 43 health controls (males= 24, females= 19) between 14 and 54 years. We used the MATRICS Battery (MCCB) that assesses seven domains of neurocognition processing speed, attention, working memory, verbal learning, visual learning, problem solving, social cognition and composite score. To evaluate the gender difference of this variables the T-Students was used.

Results: Women show better cognitive functioning in working memory domain and composite score ($t=-2,474$, p

Conclusions: We found gender differences in some domains in FEP patients and healthy controls. These differences are in favor of woman. The results are interesting but we need more studies

Poster

P14 - Gender differences in Sexual functioning in Drug- Naïve First- Episode nonaffective Psychosis Patients.

Del Cacho , Nuria; Vila- Badia, Regina.

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Background: Sexual dysfunction is common in psychotic disorder and previous studies have found that it is present before the onset of psychosis. This suggests that sexual dysfunction could be intrinsic to the illness development.

Aims: The objectives of our study were to determine sexual functioning in drug- naïve First-Episode Nonaffective Psychosis Patients (FEP), to compare the results with healthy controls and to explore gender differences in sexual functioning in FEP.

Methods: Cross- sectional study. Our sample included 46 FEP between 16-55 years old without previous antipsychotic treatment and who belonged to the sector care of Parc Sanitari Sant Joan de Déu/Child and Maternal Hospital of Sant Joan de Déu. 43 healthy controls (matched for sex and age) were also recruited. Patients and controls were evaluated using the CSFQ-14 instrument.

Results: A lower total CSFQ score ($p=0.043$), CSFQ Desire ($p=0.014$) and CSFQ arousal ($p=0.037$) was found in FEP compared to healthy controls. In FEP worse sexual functioning was found in women, with lower total CSFQ score ($p=0.032$) and lower CSFQ arousal ($p=0.017$) compared to men.

Conclusions: A worse sexual functioning was found in FEP compared to healthy controls and FEP men showed better sexual functioning than women. This study aimed to be able to help clinicals detect and better care for sexual dysfunction in patients with FEP.

Poster

P15 - Prolactin levels in Drug- naïve First- Episode nonaffective Psychosis Patients.

Del Cacho, Nuria; Butjosa, Anna.

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Background: Hyperprolactinemia (HPRL) is often found in patients with chronic schizophrenia. However, recent studies have suggested that HPRL may not only be due to antipsychotic medication, but a pre-existing condition.

Aims: To compare prolactin levels in patients with first episode-psychosis without previous antipsychotic treatment with healthy controls.

Methods: Cross- sectional study. Our sample included 57 patients diagnosed of first psychotic episode (non- affective psychosis) between 16-55 years old without previous antipsychotic treatment who belong to the sector care of Parc Sanitari Sant Joan de Déu/ Child and Maternal Hospital of Sant Joan de Déu (Esplugues). 44 healthy controls (matched for sex and age) were also recruited. Sociodemographic variables and drug consumption were collected. We took blood sample and administrated perceived stress scale to all the sample

Results: Significantly higher levels of prolactin were found in patients with a first episode psychosis compared to healthy controls ($p=0.011$). In an ANOVA model corrected by gender, age, THC consumption and perceived stress scale, this result continues being significant ($p=0.009$). We found more elevated prolactin levels in woman than in men, independent of group.

Conclusions: There are higher prolactin levels in psychotic naïve patients than in healthy controls, which is consistent with previous studies. These results are clinically important because if elevated basal prolactin levels are detected in these patients, it will be necessary to initiate neuroleptics that not increase this hormone.

Poster

P16 - Gender differences on clinical expression, social and cognitive functioning in First episode of Psychosis (PIPPEP).

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Background: Gender differences in the clinical expression and outcome in psychotic disorders have been described in the literature. Affective symptoms are more common in women and negative symptoms tend to be more predominant in men. Analyzing cognitive functioning higher levels have been reported in women. Most studies have shown gender differences in psychosocial functioning. However not all studies confirm these findings.

Aims: The aim of this study was to assess gender differences on clinical expression and social and cognitive functioning of people with first episode of psychosis (FEP)

Methods: Cross-sectional study that included 30 patients, of which 18 were men (54%) and 12 women (36%) with FEP. The patients were recruited from community mental health services at Parc Sanitari Sant Joan de Déu. Socio-demographic characteristics were assessed as well as different measures like ICG-ESQ, Clinical and social GAF and SCIP.

Results: No differences were found in socio-demographic characteristics in men and women. Gender differences were found in ICG-ESQ in negative symptoms (U-Mann=59; $p=0.018$), more negative symptoms were found in men. Women showed better general functioning according to Clinical GAF ((U-Mann=67.5; $p=0.031$). No statistical gender differences were found among cognitive functioning, however a tendency in substest 1 of SCIP was found, men showed worse cognitive results (U=64.5; $p=0.053$).

Conclusions: These results suggest differences between men and women in the clinical and general functioning in FEP.

Poster

P17 - Quality of life in patients with schizophrenia and bipolar disorder according to gender.

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Background: Patients with Schizophrenia (Sch) and Bipolar Disorder (BD) have lower quality of life (QoL) associated to the state of health, physical and psychological.

Aims: To determinate if there are differences perceived in QoL between patients with Sch and BD according to gender.

Methods: Naturalistic study conducted in Oviedo with 225 patients, 123 with Sch and 102 with BD (ICD-10).

Results: Patients with Sch have lower QoL in male than female in bodily pain ($t=-3.442$; $p=0.001$), vitality ($t=-2.994$; $p=0.003$), social functioning ($t=-3.169$; $p=0.002$), role limitations due to emotional problems ($t=-2.225$; $p=0.028$) and mental health ($t=-2.626$; $p=0.010$). There are not significantly differences in BD according to gender. According to diagnosis, males with Sch showed poorer QoL in bodily pain ($t=-6.553$; $p=0.000$), general health ($t=-2.096$; $p=0.040$) and social functioning ($t=-4.298$; $p=0.000$) than males with BD. Females with Sch have lower QoL in physical functioning ($t=-2.029$; $p=0.047$), bodily pain ($t=-4.279$; $p=0.000$) and social functioning ($t=-3.536$; $p=0.001$) compared to females with BD. In physical component female and male with Sch show worse scores than their peers with BD ($t=-2.956$; $p=0.004$ and $t=-3.218$; $p=0.002$). In patients with Sch, mental component show worse in males than females ($t=-4.350$; $p=0.000$).

Conclusions: Gender impacts on the QoL of patients with Sch, showing a greater affectation perceived in the male than female. These differences are not observed in BD. On the other hand, male and female with Sch show worse QoL than their peers with BD.

Poster

P18 - TREATMENT OF BIPOLAR DISORDER: SHOULD WE TREAT MEN AND WOMEN DIFFERENTLY?

Núñez-Morales, Nuria Isabel; González Hernández, Beatriz; Martínez-Cengotitabengoa, Mónica; Gómez-Revuelta, Marcos; Zorrilla-Martínez, Iñaki; González-Ortega, Itxaso; González-Pinto Arrillaga, Ana María.

Hospital Universitario de Álava. Vitoria. Spain

Background: Women with bipolar disorder (BD) have better compliance with treatment than men, but this is not clearly associated with better outcome. However, women also appear to experience more or at least different side effects with pharmacological treatments.

Aims: To perform a systematic review in order to identify differences between men and women in the side effects experienced with usual maintenance pharmacological treatment.

Methods: We conducted a systematic review, in March 2017, of all articles published in PubMed in English, French or Spanish over the past 10 years, exploring gender differences in drug adverse events in patients with BD. We used the search terms "Bipolar disorder", "Adverse effects" and "Gender".

Results: 9 papers were included. Side effects measured were: decline in renal function, hypothyroidism, hyperthyroidism, higher levels of calcium in serum, polyuria, solid renal tumor, hippocampal volume, reduction in cortisol levels, acatisia, hyperprolactinemia, sexual dysfunction and hormonal parameters. Decline in renal function was higher in women (δ)=0.67 (0.58-0.76) 2.6 mmol/l HR(δ)=0.60 (0.46-0.78)

Conclusions: Lithium-treated women have an increased risk of decline in renal function, hyperthyroidism, hypothyroidism and elevated serum calcium levels, than lithium-treated men. • Aripiprazole produces acatisia in a more extensive way in women than in men • Risperidone causes hyperprolactinemia to a greater extent in women • Compared to lithium, quetiapine and olanzapine lead to more sexual dysfunction only in the group of women.

Poster

P19 - Differences in stays in the Case Management of Mental Health Program by gender.

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(2) Coordinator of Case Management Mental Health Program, Parc Sanitari Sant Joan de Déu. Barcelona. Spain

Background: Sexual dimorphism plays a key role on brain development, which determines differences in mental illness expressivity. Data about gender differences regarding diagnosis and days in the program in the specific clinical setting of a Case Management of Mental Health Program is scarce. The aim of a Case Management of Mental Health Program is supervising people with mental health problems, taking care of their clinical and emotional needs in different settings, including clinical care, daily life activities and/or legal issues during a period of time, usually 2-3 years.

Aims: To detect differences in days in the Case Management of Mental Health Program regarding mental illness diagnosis and age by gender

Methods: A retrospective review of the Case Management of Mental Health Program Database from 2010 to 2016 was done. The program areas cover: Catelldefels, Gavá, Cerdanyola, Cornellà, Esplugues, el Prat, Garraf and Barcelona(Ciutat vella, Sants, and Montjuic) with a population of 982,02 people, being our target population the Severe Mental Disorders.

Results: Differences among gender were detected regarding stays in people with TOC ($p=0.008$), bipolar disorder ($p=0.001$) and major recurrent depression disorder ($p<0.001$). Use of the program was more frequent in young men (18-35 years) and in women between 36 to 45 years. Men attended in the program were younger than women (mean:40.61 vs 46.32; $p=0.001$).

Conclusions: Detecting differences in mental health among genders may give key information for improving the efficacy of a Case Management Program. Specific diagnosis and age brackets presented gender differences

Poster

P20 - Gender differences on parenting and stigma in Kidstime's multifamily group.

Grases Miret, Nuria (1); Vila Badia, Regina (2); Llop Gutiérrez, Irene (1); Perez, Olga (3); Salto, Carme (3); Cardenas, Miguel (4); Ardevol, Irene (5); Lacasa, Fernando (6); Coromina Sadurni, Marta (7).

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- (7) CSMA Castelldefels-Gavà-Viladecans. Parc Sanitari Sant Joan de Déu. Barcelona. Spain.

Background: The Kidstime intervention is a multifamily approach geared towards parents with a diagnosis of psychotic illness and other serious mental disorders who have children who are between 5 and 15 years old and are linked to the Adult Mental Health Centre (CSMA). Not only this intervention has found to be effective in improving parental skills but also in reducing the stigma associated with mental disorder

Aims: Evaluate the effect of Kidstime intervention on the gender differences

Methods: The study includes 48 patients, 73% female and 27% male, all of them referred from the Adult Mental Health Centre. The Kidstime intervention has been evaluated before and after through the following questionnaires: parenting guidelines inventory, CD-RISC resilience scale, SDQ capacities and difficulties questionnaire, self-perception of stigma scale and Rosenberg self-esteem scale. Thus, results comparing medians with the t-Student parametric test were analyzed and also compared according to gender before and after the intervention

Results: We found significant gender differences prior to the intervention. Hence, women got better scores on these variables: parenting guidelines-expression of affection ($t=2,544$; p

Conclusions: The positive effects of the Kidstime intervention are influenced by the gender variable. Women gain more benefits from the intervention regarding stigma and improved parenting guidelines

Poster

P21- Gender differences in a Subacute Psychiatric Hospitalization Unit.

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INAD, Parc de Salut Mar. Barcelona. Spain

Background: Most studies suggest that women have a better premorbid functioning and, especially in short-term follow-up studies, a more benign course. Also, studies suggest a lower number of incomes, shorter duration of the same and smaller number of readmissions.

Aims: The objective of this study is to describe the women psychiatric inpatients admitted to a Subacute Psychiatric Hospitalization Unit during a 3-year period.

Methods: This is a transversal study. All patients admitted to a medium-term psychiatric treatment since 01/06/2014 to 30/04/2017 were included. Data about sociodemographical status, drug misuse and clinical situation were obtained and compiled in a database. Descriptive statistics were performed using SPSS Software.

Results: There were 167 admissions of Medium- term hospitalization, among which 40.7 % were women and 59.3 % were men; the age limits were 18 to 90 years. The average age among whole sample was 47 years and among women was 48.9 years. More than a half women were singles (55.9%) and were getting a disability allowance (50%). Psychotic Disorder was the diagnose motivating the admission in 41 women: 26 Schizophrenia, 6 Schizoaffective Disorder and 9 Chronic Delusional Disorder. Among women suffering from a psychotic disorder, 31.7% reported ever having used drugs and 22% reported current drug problems.

Conclusions: Mental illness is the result of a complex matrix of factors including gender. The study of differences can help us improve the understanding of schizophrenia as well as find new treatment options.

Poster

P22 - Immigrant Women's Mental Health.

Del Alamo Fernández, Tamara (1); Villaplana, Anna (1); Ortiz, Sonia (2); Espinal, Mercedes (1); Aparicio, Lola (1); Martin, Laia (1); Osorio, Yolanda (1).

(1) SATMI, Parc Sanitari Sant Joan de Deu. Barcelona. Spain.

(2) Parc Sanitari Sant Joan de Deu. Barcelona. Spain

Background: Approximately half of international migrants across the globe are women. In Barcelona, females represent the 48,9% of migrants. There is evidence for an increased incidence of psychosis among migrant.

Aims: To explore the demographic and clinical correlates of migrant women with psychosis.

Methods: A retrospective and observational study was carried out. Sociodemographic characteristics, migration and clinical data were collected in an outpatient population attended at the SATMI program. Diagnostic categories of psychosis were selected according to DSM-IV-TR criteria.

Results: Fiftyseven cases were evaluated and 15 were women (26%). Asian women were majority (n=9, 60%), followed by african. Two thirds were single or separated (n=10, 67%) and unemployed. Between women, seven were older than 40 years (47%). Non specific psychosis was the most common diagnosis (n=6, 40%), followed by bipolar type 1 (n=3, 20%). Three-quarter presented their first episode after migration. Predominant type of delusions were persecutory, most of them associated to somatic and mystical ideas.

Conclusions: Our results were congruent with current literature, where different gender incidence of psychosis was found among migrant. First episodes of psychosis use to occur after migration. Non affective psychosis was the common diagnosis with persecutori and somatic delusions. The experience of migration and its consequences could be a risk factor for psychosis. Women suffering from psychosis use to be over 40 yerars, single/separated and unemployed. The immigrant women with psychosis seems to be in social isolation, that could difficultie accessing mental health services. It could be necessary to improve the accessibility of mental health care for immigrant women.

Poster

P23 - Physical wellness in psychotic disorder on treatment with LAI antipsychotics: gender differences.

Alba Roca, Neus Ezquerro, Gloria Marin, Sandra Garcia, Laura Carrasco, Ana Isabel Salmeron, Rigobert Triola

CSMA Ferran Salsas. Mental Health Unit, Consorci Sanitari de Terrassa (CST). Barcelona (Spain)

Background: Prescription of oral antipsychotics due gender difference has been studied. Pharmacokinetics and pharmacodynamics differ in women and men and are influenced by gender-specific factors. Some side effect such as weight gain was reported to be particularly problematic for women. The information is limited with long acting injectable antipsychotics (LAI) in order to describe gender difference.

Aims: To describe the socio-demographic and physical health characteristics of a sample of patients on LAI antipsychotic treatment to found difference due gender.

Methods: A descriptive retrospective study was conducted in the outpatients unit of adult mental health. The sample comprised 59 patients diagnosed of schizophrenia and schizoaffective disorder on treatment with LAI antipsychotics. Socio-demographic, clinical and treatment variables were collected and compared.

Results: The sample consists of 39% of women and 61% of men. Mean age of women was 46.5 y/o and 50 y/o for men. 77% of men were single compared with a 21,7% of women (p .000) and 80% of women had children versus a 20% of men (p .000). About 74% of women presented a medical comorbidity versus a 41.7% in men (p .015), but there are no differences in the rates of hypertension, dyslipemia or diabetes. Women showed more obesity (BMI > 30) than men (57,9% versus 25.8%, p .025).

Conclusions: Women on LAI treatment presented more medical comorbidity and obesity than men. Consideration of gender with patients on LAI treatment have to be taken in to account in order to improve long-term health.

Poster

P24 - Gender differences in psychotic disorder on treatment with LAI antipsychotics.

Ezquerro, Neus; Marin, Gloria; Garcia, Sandra; Roca, Alba; Salmeron, Ana; Carrasco, Laura; Triola, Rigobert.

CSMA Ferran Salsas, Mental Health Unit, Consorci Sanitari de Terrassa. Barcelona. Spain.

Background: Clinical characteristics in psychotic disorders and prescription of oral antipsychotics due gender difference have been well studied. Nevertheless the information is limited with long acting injectable antipsychotics (LAI) in order to describe gender differences.

Aims: Describe the socio-demographic and clinical characteristics of a sample of patients on LAI antipsychotic treatment to found difference due gender.

Methods: A descriptive retrospective study was conducted in the outpatients unit of adult mental health. The sample comprised 59 patients diagnosed of schizophrenia and schizoaffective disorder on treatment with LAI antipsychotics. Socio-demographic, clinical and treatment variables were collected and compared.

Results: 23 women and 36 men were enrolled in this study. 77.1% of men were single and had fewer children than women ($p .000$). 97,5% of men had schizophrenia diagnose compared with a 56.5% of women ($p .000$). Mean age of illness onset was later in women than in men (27y/o versus 23y/o, $p .021$). Women showed more comorbidity with personality disorder and men with substance use. Aside of the LAI treatment, 75% of men were on oral antipsychotic treatment compared with 34.5% of women ($p .003$). No other differences related to treatment were found.

Conclusions: In our sample, women on treatment with LAI antipsychotics showed a later onset of illness and lower rates of schizophrenia diagnose compared to men. Supplementary antipsychotic treatment was more prescribed in men. Gender needs to be taken into account when prescribing and further studies are needed to clarify injectable antipsychotic doses due gender.

Poster

P25 - BrainSEX: a multivariate approach to sexual dimorphism at the brain structural level and how it relates to age.

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Clinic for Psychiatry and Psychotherapy of the LMU - Munich. Germany.

Background: The anatomy of the human brain undergoes substantial changes across the lifespan including periods of accelerated growth in early life or subtle decline in older age. At the same time, strong differences in brain anatomy between males and females have been found. The fact that these age- and gender-specific effects are not localized but manifest in a multitude of brain regions has motivated their conceptualization as distributed networks of developmental effects. However, until today age- and gender-specific brain signatures have only been studied in isolation and little is known about the interaction of these dominant developmental factors.

Aims: We use a machine learning approach to identify patterns associated with age or gender allows the characterization of individual subjects with respect to a normative population.

Methods: In the present work we characterize three large-scale structural neuroimaging samples with respect to age- and gender and map individual subject in a coordinate system spanned by this normative population.

Results: We demonstrate how this sex-age-mapping allows for the identification of development-specific clusters and how it relates to patients with recent onset psychosis.

Conclusions: The suggested procedure might be of particular importance for an adequate adaptation of treatment in patients depending on their age and gender.

Poster

P26 - DELUSION OF PREGNANCY. A REPORT OF A CASE.

Colomer-Martínez, Belén; Delisau-Gil, Yaiza; Usall, Judith.

Parc Sanitari Sant Joan de Déu. Barcelona. Spain

Background: Delusion of pregnancy (DOP) is a false and fixed belief of being pregnant, although evidence to the contrary, in which, unlike pseudocyesis, physical signs and symptoms of pregnancy are not present. Several biological and psychological factors have been related, among them, antipsychotic-induced hyperprolactinaemia.

Aims: - To report the case of a 18-year-old woman with DOP and an antipsychotic-induced hyperprolactinaemia. - To study DOP, its causes, and its links with hyperprolactinaemia.

Methods: Introduction of a case of a patient with DOP, as well as review and discussion of relevant bibliography.

Results: This report describes a case of a 18-year-old woman with a schizoaffective disorder who arrived to the emergency department with persecutory, referential and pregnancy delusions. She also presented kinesthetic hallucinations (she claimed to have felt foetal movements). Her prolactine was 1744 mU/L. On admission, treatment with Risperidone and Valproic Acid was initiated, but because of lack of improvement it was switched to Paliperidone. Even so, DOP and kinesthetic hallucinations persisted, including once the conviction that she was about to give birth. Subsequently Paliperidone was switched to Amisulpiride, achieving DOP's remission, even though prolactine levels remained high.

Conclusions: DOP has been linked with antipsychotic-induced hyperprolactinaemia. Several cases have been reported in which DOP is resolved after the normalisation of prolactine levels. However, in other cases, such as our patient, DOP is resolved although high prolactine levels. Consequently, it must be seriously considered when changing an effective treatment.

Poster

P27 - Differential gender screening profile of alcohol use disorder in an outpatient sample of severe mental illness (SMI) patients.

Garriga, Marina (1); Sanchez-Autet, Mónica (2); Zamora, Francisco Javier (3); González, Idilio (4); Usall, Judith (5); Tolosa, Leticia (3); Benítez, Concepción (3); Puertas, Raquel (5); Arranz, Belen (5)

(1) Bipolar Disorders Unit, Institute of Neuroscience, Hospital Clinic Barcelona, IDIBAPS, CIBERSAM, University of Barcelona. Spain.

(2) Hospital Universitari Mutua Terrassa. Barcelona. Spain.

(3) Equipo de Salud Mental de Zafra, Servicio Extremeño de Salud, Badajoz, España.

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Background: Alcohol use disorders (AUD) are 2.3 times higher among psychiatric patients than in general population. The under-recognition of this dual diagnosis can involve several negative outcomes.

Aims: The objective of our study is to assess AUD with a modified CAGE in a psychiatric sample of SMI outpatients, and to evaluate gender differences.

Methods: An observational, multicentric, descriptive study of SMI outpatients suffering from schizophrenia or bipolar disorder (BD) was evaluated. Sociodemographic data were collected. To screen AUD, the 4-item CAGE scale, camouflaged in a healthy lifestyle questionnaire, was performed. A cut-off point of one was used.

Results: From a sample of 559 outpatients, 174 patients met criteria for schizophrenia or BD. 40.1% were female and the average age was 48 years. 71 patients presented a CAGE score ≥ 1 (55.3% of men and 19.7% of women). Similar rates of positive screening were found among male patients diagnosed with psychosis or BD (55.7 and 54.2%, respectively) while in women, higher rates were found in BD (33.3%) compared to psychosis (15.1%). Male gender was statistically associated with a CAGE score ≥ 1 (p

Conclusions: Specific screening questionnaires, like the CAGE scale, can be useful in the assessment of AUD in psychiatric outpatients. Male outpatients present a higher risk for an AUD. In the female sample, BD patients presented a higher risk for AUD.

Poster

P28 - METABOLIC ABNORMALITIES AND GENDER DIFFERENCES IN FIRST-EPISODE PSYCHOSIS (FEP) PATIENTS: A 6 MONTHS FOLLOW-UP STUDY.

Ledesma-Iparraguirre, Gabriel (1); Lopez-Romeo, Sheila (2); Ahicart-Rosell, Alba (1); Colomer-Martínez, Belen (1); Delisau-Gil, Yaiza (1); Sibelo, Silvia (1); Pastrana-Rocher, Natalia (1); Vila, Regina (3); Butjosa, Anna (3); Del Cacho, Nuria (1); PROFEP Group (1); Usall, Judith (1).

(1) Parc Sanitari Sant Joan de Déu. Barcelona. Spain

(2) Hestia Duran i Reynals. Barcelona.Spain.

(3) Fundació Sant Joan de Déu. Barcelona. Spain

Background: A number of studies have found gender differences in the epidemiology, clinical presentation, course, and response to treatment of psychosis. The most replicate findings are that men present a higher propensity to negative symptoms, lower social functioning and co-morbid substance abuse, whereas women display more affective symptoms and later age at onset. High incidence of metabolic abnormalities has been evidenced in psychotic disorders. However, there are few studies in FEP patients that consider the relationship between gender and metabolic abnormalities.

Aims: To determine if there are gender differences in metabolic abnormalities in FEP patients

Methods: A 6 months follow-up study was performed by PROFEP Group. There were included 78 FEP patients. The metabolic syndrome criteria proposed by the International Diabetes Federation were taken into account for the evaluation of the metabolic profile. In addition, in order to obtain a more complete metabolic profile, total cholesterol, LDL-cholesterol and body mass index were determined. Statistical analysis was performed using t-Student-test in SPSS v.20 program.

Results: The sample was constituted by 53 men and 25 women. Comparing basal versus 6 months follow-up metabolic parameters in FEP-patients we found significant differences only in men's group: body mass index (mean: 24.12 vs 27.43, IC95% -4.99 - -1.62, p

Conclusions: At 6 months there aren't metabolic parameters changes in women, whereas men show obesity and hypercholesterolemia.

Poster

P29 - Gender differences between emotional recognition and attributional style in individuals on an early phase of psychosis.

Ingrid Tortadés, Raquel López-Carrilero, Maria Luisa Barrigón, Esther Pousa, Ana Barajas, Ester Lorente-Rovira, Fermín González-Higueras, Eva Grasa, Isabel Ruiz-Delgado, Jordi Cid, Irene Birulés, Susana Ochoa.

Parc Sanitari Sant Joan de Déu. Barcelona. Spain

Background: Emotional recognition and attributional style are two domains of social cognition that are affected in people with psychosis. However, less is known about gender differences in these two domains

Aims: to assess gender differences regarding emotional recognition, attributional style and the relationship between these domains in individuals on an early phase of psychosis

Methods: A total of 122 individuals (85 men and 37 women) with a recent onset of psychosis were assessed with the Emotional Recognition Task (ERT) and the Internal Personal and Situational Attributions Questionnaire (IPSAQ) for the assessment of the attributional style. Participants were recruited from nine public mental health centers from Spain

Results: No gender differences were found in emotional recognition or attributional style. Interestingly, a statically significant correlation between emotional recognition and attributional style was found only in women. Women with an internal attribution for negative events (personalizing bias) showed poorer emotional recognition ($p = 0.014$), whereas women with an external attribution for negative events (externalizing bias) showed better emotional recognition ($p = 0.019$). However, this relationship between emotional recognition and attributional style was not found in men

Conclusions: Emotional recognition and attributional style showed a relationship in women with psychosis, whereas men did not present this relationship. Specifically, a tendency to make more personalizing bias was related with poorer emotional recognition and higher externalizing bias was associated with better emotional recognition.

Poster

P30 - Psychotic patients attempting suicide: are there any differences according to gender?.

GUINOVART, MARTI; JUBERT, ABIGAIL; AGUILAR, EVA; COBO, JESÚS; PARRA, ISABEL; PALAO, DIEGO.

Corporació Sanitària Parc Taulí. Barcelona. Spain

Background: Emotional recognition and attributional style are two domains of social cognition that are affected in people with psychosis. However, less is known about gender differences in these two domains

Aims: to assess gender differences regarding emotional recognition, attributional style and the relationship between these domains in individuals on an early phase of psychosis

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Conclusions: Emotional recognition and attributional style showed a relationship in women with psychosis, whereas men did not present this relationship. Specifically, a tendency to make more personalizing bias was related with poorer emotional recognition and higher externalizing bias was associated with better emotional recognition.

Poster

P31 - Gender and excess mortality in chronic diseases of mental health and addictions: A population-based analysis.

Bonet, Pere (1); Vela, Emili (2); Viñas, Paulina (2); Freitas, Adriana (1); Clèries, Montse (2); Vicente, Roser (2); Sánchez, Natalia (2); Schiaffino, Anna (1); Molina, Cristina (1).

(1) Catalan Health Department. Barcelona. Spain.

(2) Catalan Health Service. Barcelona. Spain.

Background: Different studies have shown that patients with chronic diseases of mental health and addictions (CDMHA) have a higher mortality than the general population. Often these studies show that women have lower mortality risk than men.

Aims: Our goal is to quantify the life expectancy and years of potential life lost (YPLL) in patients with different CDMHA, in overall and by sex.

Methods: From the Catalan Health Surveillance System, we have studied the Catalan population identified as CDMHA in 2015 (schizophrenia, bipolar disorder, major depression, alcohol addiction, cocaine and opiates). Mortality rates, life expectancy and years of potential life lost are analyzed.

Results: 292,631 patients were identified as CMHA (3.8% of the population). 128,593 (44%) were female. Their life expectancy is 70.3 years; but 66.5 for men and 76.7 years for women. Talking in YPLL, these data represents an average of 14.2 years for the overall population (but 15.9 for men and 9.9 for women). There are big differences depending on the disease: women with major depression show YPLL of 4.3 (8.0 for men), 9.1 with bipolar disorder (11.3 for men) with schizophrenia 12.5 (15.4 for men), 19.9 with alcohol dependence (19.3 for men) or 28.0 with opioid dependence (26.7 for men)

Conclusions: CMHA patients have higher mortality than people without this problem. The life expectancy of women with criteria of CMHA is greater than for men. However, in the field of addictions, the pathologies with more YPLL, the differences between men and women are reversed. We are studying which other factors can explain this results.

Poster

P32 - GENDER DIFFERENCES IN BENZODIAZEPINE PRESCRIPTION IN OLD AGE PATIENTS.

Núñez-Morales, Nuria; González Hernández, Beatriz; Martínez-Cengotitabengoa, Monica; Gómez-Revuelta, Marcos; González -Ortega, Itxaso; Zorrilla-Martínez, Iñaki; González-Pinto Arrillaga, Ana María.

Hospital Universitario de Álava. Vitoria. Spain.

Background: Benzodiazepines (BZD) and Z-hypnotics (Z) are a largely used pharmacological group in elderly patients. Pharmacokinetic and pharmacodynamic changes suffered during the aging process make elderly have a higher probability of suffer adverse events to these drugs.

Aims: To assess the prescription of BZD/Z in elderly patients who have suffered a fall, and to explore any gender differences

Methods: • Observational, cross sectional study to assess benzodiazepine prescriptions in a sample of 654 patients over 65 years presenting to the emergency department of a General Hospital in Vitoria (Spain) after suffering a fall. • We collected information about the use of BZD: dose, half-life profile. Data were analyzed and separating patients by gender

Results: • Mean age was 79.9 ± 8.5 years. Women had a significantly higher age (80.7 ± 8.4) than men (78.4 ± 8.4) ($t = 3302$, $p = 0.001$). • BZD are significantly more prescribed to women (47.6%) than men (36.1%) ($\chi^2=8.097$, $p=0.004$). • Sex remains significant despite enter the age variable in the model ($OR=1.5$, $p=0.013$). • 21.6% of patients consumed intermediate or long half-life BZD/Zs, appearing a greater tendency to prescribe such drugs to women ($\chi^2=3.606$, $p=0.058$). • The percentage is significantly higher for men (70.0%) than women (53.1%).

Conclusions: • We found evidence of a higher prescription of BZD/Z in women independently of age • BZD/Z are prescribed above the recommended dose for elderly in a large number of patients, especially in men. • BZD/Z most frequently prescribed above the recommended dose for elderly were lorazepam, lorazepam and zolpidem, equally in both sexes

Poster

P33 - Gender differences in construction of self and others in psychosis: a study with the repertory grid technique.

Garcia-Mieres, Helena (1-2); Feixas, Guillem (1); Furlan, Victoria (1); Villaplana, Anna (2); López-Carrilero, Raquel (2); Grasa, Eva (3); Barajas, Ana (4); Pousa, Esther (5); Usall, Judith (2); Ochoa, Susana (2).

- (1) Department of Clinical Psychology and Psychobiology, Universitat de Barcelona. Spain.
- (2) Parc Sanitari Sant Joan de Déu. Barcelona. Spain.
- (3) Hospital de la Santa Creu i Sant Pau. Barcelona. Spain.
- (4) Centre d'Higiene Mental Les Corts. Barcelona. Spain.
- (5) Parc de Salut Mar. Barcelona. Spain.

Background: The literature in gender differences in psychosis evidences that men have worse negative and less depressive symptoms than women, while women have better social functioning. However, gender issues in self-concept characteristics have received less attention and its relationship with clinical measures is not clear.

Aims: We want to assess gender differences in the perception of self and others, cognitive structure and implicative dilemmas as measured with the Repertory Grid Technique (RGT) in psychotic disorders, and to explore their association with psychopathological, social functioning, depression and self-esteem variables.

Methods: We included 46 adult patients diagnosed with a psychotic disorder from centers of the metropolitan area of Barcelona (Catalonia). The assessment included the RGT, PANSS Lindenmayers' Factors, Social Functioning Scale, Beck Depression Inventory, and Rosenberg's Self-Esteem Scale. We perform mean differences test and Spearman correlations for the statistical analysis.

Results: Men showed more negative symptoms and worse social functioning. No differences were found in depression and self-esteem. In RGT measures, men generated fewer constructs to describe self and others, which was influenced by negative and cognitive symptoms, while women perceived themselves more negatively, which was influenced by self-esteem and depression.

Conclusions: Our results support the evidence of previous literature and suggest that gender differences could also be associated to specific differences in the construction of self and others. The RGT can be a useful measure to appreciate the role of self-concept characteristics also with people with psychosis. Moreover, our results could help to design gender-specific therapeutic strategies.

Poster

P34 - Do psychotic men and women interpret their reality differently?. Gender differences in identity dilemmas in psychosis: a content analysis study with the repertory grid technique.

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Background: Gender difference studies in psychosis report that women steadily present a more mild form of the illness with less deterioration and better social functioning but with more depressive symptoms. However, little is known about gender differences in psychosis from Personal Construct Psychology (PCP). Further, the notion of intrapsychic conflict has been scarcely investigated in gender studies.

Aims: This study is based on the notion of intrapsychic conflict, understood as identity dilemma (ID) from PCP perspective, as measured with the Repertory Grid Technique (RGT). In a sample of psychotic patients, we explore the relevance of gender differences in the content of the personal constructs forming the IDs.

Methods: 17 women and 28 men were assessed for presence of IDs by the RGT. Then, the content of IDs was categorized using the Classification System for Personal Constructs (CSPC). We performed Pearson's chi squared test for independence to observe differences between groups.

Results: The content analysis of the construct forming the IDs revealed that no gender differences were found in congruent constructs. In the case of discrepant constructs, women had significantly more constructs from the emotional and intellectual areas while men had more from the relational and value areas.

Conclusions: Gender differences were found in the discrepant constructs of IDs. IDs can be a useful measure to better understand gender differences in psychosis. Moreover, assessment of intrapsychic conflicts at pre-therapy could aid in treatment planning to fit patient characteristics and more specifically to gender-specific issues in psychosis.

Poster

P35 - Delusion of pregnancy: description of seven cases and review of the literature.

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Background: Delusion of pregnancy is an uncommon symptom which can appear as an expression of different mental disorders or as an independent entity. Owing to its singularity, there is a lack of literature concerning this subject and it often consists of case reports.

Aims: Our aim is to compare our sample with the available literature in order to find psychosocial factors which correlate with the presentation of a delusion of pregnancy. Psychosocial factors described in recent reviews have been included.

Methods: A retrospective, cross sectional, descriptive study was conducted for all the cases collected by physicians working at inpatient care at UIPA and outpatient care in Hospital Vall d'Hebron presenting a delusion of pregnancy.

Results: We collected a sample size of seven cases (N=7), 100% of them females. The average age found was 33,14 years old. 42,9% of them were not receiving psychopharmacological treatment prior to the development of delusional symptoms, while as 57,1% were receiving atypical antipsychotics. None of them were receiving treatment with typical antipsychotics. Concerning their civil status, 85,7% of the patients were single (n=6), while only one of the patients included was married. All the cases reviewed presented with hallucinations, either auditive (42,9%), cenestopathies (42,9%) or both (14,3%). Patients received final diagnoses of schizophrenia (71,4% of the cases), bipolar disorder (14,3%) and major depression (14,3%).

Conclusions: Our results are coherent with available literature, suggesting that psychosocial factors such as single state or certain mental disorders such as schizophrenia could predispose to the development of a delusion of pregnancy.