

**Methods** Retrospective study ( $n = 80$ ). Structured interview were based on WHO instruments: WHO WMH CIDI and WHO Pathways to care encounter form.

**Results** Average age was 38 years, more females (72.5%). The delay period was 7 years ( $GAD = 8.7$ ;  $SF = 8.2$ ,  $PD = 5.9$ ), during which at least 2 episodes of the disease. The most popular specialists were: neurologists (19%), psychiatrists (17%) (one-time visits to which were not accompanied by the appointment of a standardized course of treatment for an adequate period of time) and therapists (15%). Non-medical care was 10% of all studied (psychologists–5%, healers–3%, priests–2%). SF–psychiatrists (43%), therapists (14%), psychologists (14%); GAD–psychiatrists (22%), neurologists (19%), psychotherapists (11%), ambulance doctor (11%); PD–therapists (22%), neurologists (22%), ambulance doctor (17%), cardiologists (9%).

**Conclusions** The findings suggest that patients with anxiety disorders have a long period of delay in receiving specialized care that causes the value of the social and economic burden of anxiety disorders in the community.

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

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#### EW0010

### (Re)examining the factorial structure of the generalized anxiety disorder-7 in a college students sample



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**Introduction** Generalized anxiety in young adults during college career is a serious public-health problem that untreated has a chronic course. Research has shown that the self-report questionnaire generalized anxiety disorder-7 (GAD-7) is a reliable and valid measure to assess generalized anxiety symptoms severity in heterogeneous psychiatric samples. However, GAD-7 is not available for non-clinical populations and their factor structure has not been re-examined.

**Objectives** Our objective was to examine factor structure and measurement invariance of the GAD-7 among college students testing two alternatives models.

**Aims** The original model fit of single-factor was compared to two-factor model that considered in comprehensive approach of generalized anxiety the assessment of cognitive-emotional nature and somatic symptoms.

**Methods** In this cross-sectional study the GAD-7 was administered to college students ( $n = 1031$ ) recruited in the six schools which compose the Polytechnic Institute of Coimbra, Portugal. Confirmatory factor analysis was used testing two models.

**Results** Among college students, 32.8% reported significant generalized anxiety symptoms. The original unidimensional structure of GAD-7 was confirmed but the two-factor model comprising cognitive-emotional and somatic factors presented better fit to the data ( $\chi^2(1) = 21.01$ ,  $P < 0.001$ ). This latent factor were positively associated ( $r = 0.51$ ,  $P < 0.001$ ) and presented a good internal consistency ( $\alpha = 0.85$  and  $\alpha = 0.86$  for cognitive-emotional and somatic items, respectively). The invariance factor of two-factor model across gender was also confirmed.

**Conclusions** Results indicate that within college communities the GAD-7 integrates two stable generalized anxiety factors related but independent structure. The GAD-7 can be an adequate measure to detected generalized anxiety symptoms in this population.

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

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#### EW0011

### An investigation of childhood trauma in patients with panic disorder



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**Introduction** It is widely known that childhood traumatic life situations are associated with most of the adult life psychiatric disorders such as disassociative disorders, mood disorders, anxiety disorders and so on.

**Objectives and aims** The purpose of this study to examine the relationship between childhood traumatic experiences and panic disorder development.

**Methods** The sample of this study consists of 59 outpatients who applied to the department of psychiatry in addition to 61 healthy individuals serving as the control group. These 59 individuals, located within the range of 18 to 65 years, were selected from outpatients who had been diagnosed with panic disorder based on DSM-V diagnosis criteria who did not have any other mental disorder. The 61 healthy individuals in the control group were selected from hospital attendants who had not received any psychiatric diagnosis. The participants were administered the childhood trauma questionnaire (CTQ) and a socio-demographic form.

**Results** The participants in the panic disorder group were found to have significantly high scores in comparison to the control group with respect to CTQ subscales (i.e., the emotional neglect and the emotional abuse subscale) and the total CTQ score. Hence, there exists a strong relationship between childhood traumatic experiences and panic disorder development.

**Conclusion** The results revealed that childhood traumatic experiences play an active role in the development of panic disorder. Moreover, it was found that the type and quality of trauma experienced during the childhood period is one of the predictors for the psychiatric disease that can occur in the future years.

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

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#### EW0012

### Could deficits in the recognition of emotions that indicate social approval be associated with musical performance anxiety?



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**Introduction** Proper recognition of facial expressions of emotion is crucial for human social relationships. Impairments in the capacity to process facial information may play an important role in the etiology and maintenance of certain mental disorders, especially music performance anxiety (MPA).

**Objective** To assess the recognition of facial expressions of emotion in musicians compared to a group of subjects from the general population, considering also the presence/absence of MPA.