

modeling. We repeated the analyses using symptoms that related to school environment.

Results: The most prevalent were respiratory and general symptoms among primary (21% and 20%, respectively) and secondary students (18% and 58%, respectively). Variation between schools of all symptoms was low (1%-2%). In primary students, worry about IAQ (odds ratios [ORs] ranged from 2.06 to 3.41), lower school satisfaction (ORs=1.72 to 2.81), and higher neuroticism (ORs=1.16 to 1.52) were associated with higher odds of reporting all types of symptoms. In secondary students, only worry about IAQ (ORs=2.45 to 3.09) was associated with all symptoms in multivariable models. Lower school satisfaction (ORs=3.03 to 5.56) was related to all symptoms except skin symptoms, whereas higher neuroticism was associated only with general symptoms (OR=1.44). The results with symptoms related to school environment were largely in line to those presented above.

Conclusion: The variability of symptoms between schools was low suggesting that individual differences between students explained bigger share of the variance of symptom reporting than building-related factors. Worry about IAQ was strongly related to all symptoms both among primary and secondary students. In addition, symptom reporting was more common among students with lower school satisfaction and higher neuroticism. These findings need to be considered when interpreting the results of symptoms questionnaires.

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124

Is interoceptive sensitivity linked to interoceptive awareness in Alexithymia?

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Aims: To investigate whether alexithymia is associated with higher interoceptive sensibility and sensitivity but with lower interoceptive awareness.

Methods: 48 healthy individuals were included (61% females, aged 23.2±2.1; estimated power 0.99 basing on previous eta squared=0.61). Psychological factors, including alexithymia (TAS-20 used as a continuous variable) and depressive symptoms (BDI-II used as covariate) were concurrently assessed. According with previous literature, interoceptive sensibility (ISb) was measured by means of the Body Perception Questionnaire and interoceptive sensitivity (ISt) or accuracy was measured by means of the Heart Beat Perception task (HBPT). After the end of each trial of the HBPT each participants rated his/her confidence in the ISt task on a visual analogue scale. Interoceptive awareness (IAw) was defined from the correspondence between ISt and confidence. A regression model was build using ISt as dependent variable and the interaction between confidence and TAS-20 as predictors.

Results: TAS-20 total score positively correlates with both ISb (r=0.52, p=0.0001) and ISt (r=0.48, p=0.0004), even when correcting for BDI-II score using partial correlations (r=0.46 and r=0.42, respectively). The regression model is significant (F[1,46]=11.74, Adjusted R squared=0.186, p=0.0013) and revealed that the relationship between ISt and confidence (IAw) is modulated according to the alexithymia level (TAS-20) (t=3.42, p=0.0013). Interestingly, individuals with higher alexithymia levels are those with higher ISt but low confidence (low IAw).

Conclusion: This study expand previous literature suggesting that interoceptive sensitivity and interoceptive awareness might be dissociated in alexithymia. This study also suggests a possible neurocognitive mechanism for the higher risk of psychosomatic disorders associated with alexithymia: the higher ISt in alexithymic individuals might reflect their abnormal tendency to focus their attention on their own bodily signals. However, due to their low IAw, are not aware of being too much focused on their own bodily sensations, and tend to misinterpret their higher ISt as a physical problem, leading to somatisation.

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125

Patient related factors influencing the utilization of the psycho-oncology service

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Aims: The present study aimed to analyze the utilization of the psycho-oncology service and its influencing factors.

Methods: A total of N=1754 patients (57.3 % females) with am mean age of M=60.8 years (SD=14.6) used the psycho-oncology service of the University Hospital of Erlangen in 2017. Frequency and duration of psycho-oncology sessions were analyzed retrospectively according to gender, age, family status, and clinical variables.

Results: 1754 patients attended on average 2.6 sessions (SD=3.2) with the psycho-oncology service. More than 70% of the sessions went beyond short encounters and lasted on average 32.6 minutes (SD=12.6). Female patients attended more often sessions than men (p=.000), but gender did not differ regarding session duration. However, higher age was correlated significant negatively with number and duration of sessions (p=.000). Patients not being in a relationship attended significantly more often (p=.022) and longer lasting sessions (p=.024) than patients in a relationship. Also not having children was associated with longer lasting sessions (p=.007). Furthermore, patients with comorbid mental disorders attended more sessions than patients without. Frequency and duration of sessions according to tumor diagnosis and status of the disease are also reported.

Conclusion: The present study identified correlates of utilization of the psycho-oncology service during a hospital treatment of cancer. The findings show that especially patients not being in a relationship and not having children seem to need an extensive psychosocial support by the psycho-oncology service. Furthermore, female and younger patients and patients with mental disorders more frequently made use of the psycho-oncology service. The results may help to plan prospectively number and frequency of therapy sessions.

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126

Affect Regulation and Effortful Control in Bingeing/Purging Eating Disorders: A Daily Diary study

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