P01-21 - THE LEVEL OF PSYCHOLOGICAL WELL BEING IN SUBJECTS WITH AFFECTIVE DISORDERS AND IN CONTROLS

F. Cosci¹, F.-R. Mar², C. Berrocal³

¹Department of Psychology, University of Florence, Florence, Italy, ²Department of Personality, Assessment, and Psychological Treatment, University of Malaga, Malaga, Spain, ³Department of Psychiatry, Neurobiology, Pharmacology, and Biotechnologies, University of Pisa, Pisa, Italy

Objectives: The present study was aimed at evaluating psychological well being (PWB) among subjects with affective disorders and healthy controls.

Methods: 83 subjects with affective disorders were compared to 83 healthy controls. Measures of PWB, psychological symptom status, basic social skills underlying social and emotional competence, and health-related quality of life (QoL) were obtained from standardised, self-administered rating scales. Statistical analyses focused on between-groups differences and on correlations among the major variables under study.

Results: Cases showed significantly higher levels of psychological symptoms, and lower PWB, social competence, and QoL than healthy controls. Between-groups differences in emotional competence did not attain statistical significance. When correlations were evaluated, cases showed negative correlations between PWB and psychological symptoms, and positive correlations between PWB and QoL. Only some PWB constructs correlated with the social competence, while no correlation was found between PWB and emotional control.

In healthy controls, similar correlations between PWB and social competence as well as between PWB and QoL were found. On the other hand, no correlation was found between PWB and emotional competence, between psychological symptoms and the two PWB constructs named "purpose in life" and "personal growth".

Conclusions: Subjects with affective disorders seemed to link their PWB to psychological symptoms, QoL, and social skills with the exception of emotional control. Healthy subjects seemed, on the other hand, to link their PWB to QoL and social competence, only in part to psychological symptoms, and not at all to the emotional competence.