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Believability of negative automatic thoughts in depression. Psychometric properties of the Automatic Thoughts Questionnaire – Modified version in general and clinical sample in Iceland.

Author: Sævar Már Gústavsson,
Supervisors: Magnús Blöndahl Sighvatsson and Jón Friðrik Sigurðsson.

The Automatic Thoughts Questionnaire (ATQ) is a self-report measure, which purports to measure the frequency of cognitions associated with depression. Respondent is asked to rate how often he/she had a given thought last week (e.g., “I’m worthless”), on a 5-point scale (1 = Not at all, to 5 = All the time). The ATQ was developed to access change in frequency of depressive negative automatic thoughts (NAT’s) in treatment for depression, and to be used both for theory testing, and in clinical evaluation of treatment process. This study tests the psychometric properties of ATQ – Modified version, which will measure the frequency of cognitions associated with depression as originally developed, but, also how much participants believed those cognitions when they were depressed (i.e. believability). ATQ – Modified version was designed to measure possible mediators and mechanism of change in symptoms of depression. According to the cognitive theory of depression, change in frequency and believability of NAT’s should mediate change in depressive symptoms. ATQ – Modified version should help psychologists to test this hypothesis, and also, be help to guide treatment. This study will, furthermore, test the psychometric properties of the same modification to the Automatic Thoughts Questionnaire – Positive (ATQ-P), and Intolerance of Uncertainty Scale (IUS). The study consists of nine self-report measures: ATQ, ATQ-P, Dysfunctional Attitude Scale, IUS, Social Interaction Anxiety Scale, Social Phobia Scale, Penn State Worry Questionnaire, GAD – 7, and Patient Health Questionnaire – 9. The study will use three samples, clinical sample, sample drawn from university students, and from the general population. Participants in the clinical sample will be individuals receiving outpatient treatment at the Mental Health Service at Landspitali, diagnosed with depression (as primary or secondary diagnosis) according to ICD-10. Data collection is started and is expected to be completed in the autumn of 2017.

Where are they now? Long-term outcome of early intervention of children with autism.

A pilot study of fifteen young people.

Author: Birta Brynjarsdóttir
Supervisors: Sigríður Lóa Jónsdóttir, Evald Sæmundsen, and Jón Friðrik Sigurðsson

Background and objectives: Early behavioral intervention has repeatedly demonstrated success with children with autism but knowledge regarding long-term effects is limited. Few research have been conducted on outcome and the status of adult individuals with autism. The aim of this study is to test
approaches to assess long-term results of early behavioral intervention and explore outcome and status of young people with autism. **Method:** The participants in this study are 20 young individuals, diagnosed with autism when they were five and six years old, that participated in an international research project (Multi-site Young Autism Project) during the years from 1995 to 2000. Six of the participants received behavioral intervention, but the remaining 14 formed a control group and received intervention as usual. Fifteen of these individuals and their parents agreed to take part in the study. Information was gathered from parents about autism symptoms, comorbidity, adaptive behavior, service, participation and quality of life. **Results:** Hardly any difference was found between the individuals who received behavioural intervention when they were five and six years old and those who received intervention as usual. About half of the 15 participants have received a comorbid diagnosis and more than half of them take psychotropic medication. Their adaptive behaviour and quality of life is poorer than in the general population. Symptoms of attention deficit disorder have decreased from childhood but autism symptoms are still considerable. The majority of parents claimed to worry about their children’s present well-being. **Conclusions:** The research is the first that has been conducted on outcome and status of adult individuals with autism in Iceland and the result reveal among other things the diversity, limitations and quality of life of young people with autism. The difference between those who received behavioural intervention and those who did not that existed about 15 years ago seems to have neutralised over the years.

**Effects of depression and alcohol abuse on social economic decision making**

**Author:** Elvar Friðriksson  
**Supervisor:** Haukur Freyr Gylfason

**Background:** Trust is considered a key element in social interactions and has been defined in many ways in the literature. Distrust on the other hand has been argued to be the opposite feeling of trust. Deficits in decision-making and interpersonal difficulties are common in individuals with mental illnesses such as depression and addiction. Previous research has used economic games to assess decision-making and interpersonal difficulties. The current study used the distrust game, as a proxy for trust, to assess distrust in a student sample that scores above a cut-off score on psychological questionnaires measuring depression and alcohol abuse. We hypothesized that individuals with more depressive symptoms show more distrust than individuals with less depressive symptoms, and that there is an association between alcohol abuse and distrust. **Method:** Participants (N=196) played the distrust game in class measuring distrust towards an unknown participant in a local shopping centre. Participants completed the Depression Anxiety Scale (DASS), Patient Health Questionnaire (PHQ9), Becks Believes about Substance Use (BSU) and AUDIT. **Results:** Participants with more depressive symptoms showed significantly more distrust than participants with less depressive symptoms, $r = .19$, $p = .01$. No significant association was found between scores on the AUDIT and the distrust game, although a
marginal association was found between AUDIT item about a feeling of guilt or remorse after drinking and score on the distrust game, $r = .15$, $p = .06$. **Conclusions:** Individuals with more depressive symptoms distrust more than individuals with less depressive symptoms when playing against an unknown individual. Alcohol abuse was not correlated with scoring in the distrust game. Lack of association between alcohol abuse and distrust could be due to the age of the sample. Prior results indicate that for alcohol abuse to influence decision-making it must have taken place in adolescence rather than adulthood.

**Mental health of women in pregnancies following pregnancy loss**

**Author:** Guðríður Soffía Gísladóttir  
**Supervisor:** Linda Bára Lýðsdóttir

**Background and objective:** Limited studies have been conducted on mental health outcomes of pregnant women with a history of pregnancy loss but there are indications of increased risk of symptoms of anxiety and depression. The aim of the study is to investigate: a) whether pregnant women with a history of pregnancy loss have higher levels of depression, anxiety and stress at different time points of pregnancy than pregnant women without that history and b) whether there is a difference in wellbeing in pregnancy and after the childbirth. Another aim of the study is to find out c) whether the emotional wellbeing of women with a history of pregnancy loss is connected to various variables like lack of social support and having experienced trauma in childhood. **Method:** In this research, data from an Icelandic study on the mental health of pregnant women gathered in the period of 2006 to 2012, were used. In total 650 women were interviewed after being screened positive for depression and/or anxiety (at week16, 25 or 36 of gestation and postpartum at week 9 and 5th month) or being randomly selected in screen negative group. Women with a history of pregnancy loss were compared to women without a history of pregnancy loss and their scores on EPDS (Edinburgh Postnatal Depression Scale) and DASS (Depression Anxiety Stress Scales) were assessed and compared. **Results:** Women with a history of pregnancy loss had more anxiety symptoms in pregnancy at week 16 and 25 than the comparison group. At week 36 the research group had more depressive and anxiety symptoms than the comparison group. No differences were found between the two groups after childbirth. Even though the research group had higher scores, the scores were still under clinical levels. **Discussion:** A history of pregnancy loss was connected to more symptoms of anxiety and depression at some of the measurement points which underscores the importance of support to prevent adverse mental health outcomes.
The impact of chronic pain on adolescents and their families

Author: Halla Ruth Halldórsdóttir and Silja Björg Halldórsdóttir
Supervisor: Heiðdís Valdimarsdóttir

Background: Chronic pain in adolescents is common and can have an extensive impact on adolescents and their families. It is critical to have valid instruments to assess the multidimensional aspects of adolescents’ chronic pain as it can be used both clinically to evaluate the effectiveness of treatment and in research. In Iceland there are no instruments that measure the effects of chronic pain on the adolescent or its impact on their family. The Bath Adolescents Pain Questionnaires (BAPQ) are multidimensional instruments that assess the impact of chronic pain on adolescents and their guardians. The aims of this research are, therefore, to: 1) translate, into Icelandic, and evaluate psychometric properties of the BAPQ; 2) examine the impact of adolescent’s chronic pain on them and their families. Method: Participants were adolescents that had a diagnosis of Crohn’s/Colitis, migraine or arthritis in the medical record of Landspitali and were between the ages of 11-16 years old as well as their guardians. Inclusion criteria was that the adolescent had to have experienced chronic pain for a minimum duration of the last three months. A letter with introduction of the research and an internet link to the questionnaires was mailed to 697 potential participants. If potential participants had neither denied or taken part in the research they were contacted via telephone. The comparison group was a dyad of an adolescent and his/her guardian that were recruited through schools. They received the introduction letter and the link via email. Once participants entered the link they were asked to complete a number of questionnaires, including the BAPQ. Results: Preliminary results show that 205 participants were eligible to take part in the research. 30% of guardians, 25% of adolescents and 19% dyads (adolescent and their guardian) participated in the research. Conclusion: Not available at this time.

Psychometric Properties of the Icelandic Version of the Preschool Anxiety Scale-Revised

Author: Heiða Rut Guðmundsdóttir
Supervisors: Þorlákur Karlsson and Þórunn Ævarsdóttir

Anxiety disorders are among the most prevalent mental disorders in childhood. Studies have shown that already around the preschool age, clinically significant anxiety can be identified and categorized into patterns similar to those identified in older children. It is important to detect these symptoms so early intervention can be possible. To achieve this goal we need measures to assess these symptoms. Few psychometrically valid measures assess the wide range of anxiety symptoms in preschool aged children. For these reasons the Preschool Anxiety Scale-Revised was developed. The PAS-R is a 28 item parent-rating questionnaire aimed to assess symptoms of general anxiety, social anxiety, separation anxiety and
specific fears. The aim of this study was to assess psychometric properties of the Icelandic version of the PAS-R. Participants were 255 parents of children aged 4-6 years in Icelandic preschools. They answered the PAS-R and SDQ electronically. Results showed good internal consistency for the total PAS-R scale (α=0.908) and all four subscales (α=0.723-8.858). Means for the total scale and the four subscales are lower in the Icelandic version compared to the original version which could indicate less anxiety in the Icelandic sample. There could be other reasons for this difference like cultural factors and differences between the Icelandic translation of the scale and the original scale. Factor analysis showed that the data fitted the four factor model from the original version of the scale reasonably. Some items do not load on the correct factor and need to be evaluated in terms of removal from the questionnaire. The PAS-R will be compared to subscales on the SDQ to assess concurrent and discriminant validity. Preliminary results show that the Icelandic version of the PAS-R appears to have reasonable psychometric properties. If final results are convincing it is justifiable to use it to assess anxiety symptoms in young Icelandic children.

**Health anxiety and medically unexplained symptoms. Assessment of an Icelandic translation of four questionnaires.**

Author: Jón Viðar Viðarsson

Supervisors: Sigrún Ólafsdóttir and Jón Friðrik Sigurðsson

**Background:** Medically Unexplained Symptoms (MUS) is a concept for physical symptoms where no medical explanation has been found. MUS diagnostic categories are found in most healthcare sectors. MUS are common in primary and secondary healthcare. MUS patients experience serious impairment in daily living, and are twice as likely to utilize primary healthcare. MUS patients often experience anxiety and depression. Health-anxiety is a patient's fear of a serious medical illness despite the fact that a medical evaluation has ruled out such an illness. No published information exists in Iceland on the prevalence of MUS and the relationship with health-anxiety, stress or other mood disorders. No Icelandic questionnaires on MUS or health-anxiety have been evaluated for psychometric properties.

**Purpose:** The study had two goals. First we evaluated the psychometric properties of four translated questionnaires. The questionnaires checked for test-retest reliability were measures of MUS (Medically Unexplained Symptoms Checklist), health-anxiety (Very-short Health Anxiety Inventory), stress (Stress related exhaustion) and preservative thoughts (Preservative Thinking Questionnaire). Additionally we included questionnaires on symptoms of general-anxiety (GAD-7) and depression (PHQ-9). The second goal was to compare the student sample with a clinical sample. **Method:** The study included two samples and both samples received all questionnaires. In order to evaluate test-retest reliability we recruited 200 participants at the University of Reykjavik. Participants answered the same questionnaires twice, with approximately two weeks in between. Comparison was made with 180 participants who answered the
same questionnaires in secondary-healthcare for heart problems (Hjartagátt). Results/Conclusions:
Preliminary results will be presented and discussed.

The status and wellbeing of transgender people in Iceland.

Author: Katrín Ella
Supervisor: Jón Friðrik Sigurðsson

Introduction: Gender dysphoria and transsexualism is an under researched field in Iceland and transgender people are a growing minority group in Iceland. Studies have shown that depression and anxiety rates are higher among transgender people than among the general public. Studies also show a positive impact of gender reassignment treatment on quality of life (QOL) but social factors like education level, employment, and marital status have been linked to lower QOL scores. It is important to know where Icelandic transgender people stand concerning general wellbeing and their status in society. The aim of this study was to get an overview on how transgender people are faring off in Iceland regarding psychological wellbeing (depression, anxiety), self-esteem, quality of life and social functioning. Method: Participants are transgender people in Iceland that are in the transition process or have finished the process. They answered questioners and participated in a semi-structured interview. Results: Participants expressed a positive attitude toward their transitioning and experienced improvements in their mental health after starting the transition process. Preliminary results show the mean score of 6.3 for depression (PHQ-9) and 4.6 for anxiety (GAD-7), which is under the cutoff scores in the general population for both scales. Results are also promising regarding quality of life and the status of gender reassignment treatment. Participants who are further along with the gender reassignment have a higher mean score for quality of life (MANSA) than participants who are shorter along in the process. Conclusion: These preliminary results indicate that transgender people in Iceland are in general pleased with life and the transtitioning process seems to have a positive affect on their quality of life and wellbeing.

Relationship between physical activity and mental health

Author: Lilja Rún Tumadóttir

Supervisors: Hafrún Kristjánsdóttir, Helgi Héðinsson, Jose Miguel Saavedra García, Kristín Ómarsdóttir, Kristín Birna Ólafsdóttir and Rafn Haraldur Rafnsson.

Background: Physical activity can reduce symptoms of depression and anxiety and it can be just as effective treatment as pharmacotherapy or psychotherapy. The goal of this research was to investigate the relationship between amount and intensity of physical activity and mental health. It was assessed
whether information about positive effect and encouragement to engage in physical activity would affect activity. Sudden affect of a short exercise program on mental health was explored. The results could provide knowledge on how therapists can advise patients about exercise to reduce symptoms. **Method:** Participants (N=15) were recruited at Landspitali-The National University Hospital of Iceland when seeking service. They were randomized into three intervention condition: 1) getting verbal recommendation about exercise, 2) getting verbal and written recommendation as well as exercise program, 3) getting verbal recommendation and assistance from a sport scientist while pursuing the exercise program. Information about mental health was gathered by self-report of depression (PHQ-9), anxiety (GAD-7), quality of life (QOLS). Participants assessed their daily mental state and physical activity was assessed by petometers for three periods (A-B-A) of 5 days. Data collection is ongoing. **Results:** Preliminary results shows a high drop-out rate of 83.3% for participants given the exercise program. Over all drop-out was 60 %. Due to high drop-out rate data was visually inspected from single case A-B-A experimental design. General mental state improved for participants and step count increased during intervention phase of exercising with assistance from a sport scientist. Both carry-over affect and drop in general mental state and step count was seen with participants when intervention phase was over. **Conclusions:** Short intervention of exercising can improve mental health. Only recommendation about exercise does not enhance physical activity. Providing support to exercising can enhance physical activity.

**Child sexual abuse: the value of children’s testimonies and their influence on indictments and convictions. Cases of children aged 3½ to 14, referred to Iceland’s Children’s House from 1998 to 2012.**

Author: Linzi Margaret Trosh

Supervisors: Þorbjörg Sveinsdóttir and Jón Friðrik Sigurðsson

**Background:** Several reasons have been suggested for the low prosecution rate in child sexual abuse cases. In most cases, sexual abuse is a private act and physical evidence is rare. What it usually comes down to is the victim’s testimony against that of the suspected offender. This private act and the lack of physical evidence in child sexual abuse cases makes children’s testimonies very vital in court. **Objective:** The aim of this study is to examine what factors regarding children’s testimony had an influence on the prosecution and conviction of alleged sex offenders as well as if there was any association between children’s age and gender and prosecution/conviction rates. **Method:** The Children’s House database was used that consists of 542 cases from 1998 to 2012 where there was reason to believe a child has been subject to sexual abuse. Data was obtained by an expert interviewer who analysed all the video recording of investigative interviews from Children’s house. In cases that were prosecuted information about the verdict was gathered through an online archive of court cases. Data was analyzed by using
chi-square test of independence and binominal logistic regression. **Results:** Of those 542 investigative interviews that were conducted, 386 cases were dismissed by the assigned prosecutor and 148 cases were prosecuted, 30 of which resulted in an acquittal and 118 resulted in a conviction. Results showed cases are more likely to be prosecuted when a child gives a detailed description of the abuse and the victim is a girl. **Conclusion:** These results indicate an overall expectation of a detailed description of the abuse in children’s testimony in the judicial system. The fact that the victim was a girl seemed to be associated with prosecutions rates. The gender related results could be because girls are more likely to disclose abuse then boys.

**Psychometric Properties of the Icelandic Manchester Short Assessment of Quality of Life (MANSA) and its Possible Utility in Iceland.**

Author: Óttar G. Birgisson  
Supervisor: Baldur Heiðar Sigurðsson

**Background:** Manchester Short Assessment of Quality of life (MANSA) is a brief self-report scale intended to measure quality of life especially amongst individuals with severe mental disorders such as schizophrenia. Quality of life scales like MANSA could be useful to assess the outcome of treatments and programs that are available for individuals with schizophrenia and related disorders. The importance of quality of life scales as part of outcome measures are emphasized. It is hypothesized that the symptoms of schizophrenia are not related to quality of life. **Method:** The original MANSA has a good reliability and validity. MANSA has been translated to Icelandic but the psychometric properties have not been evaluated until now. Inner reliability and test-retest reliability was assessed amongst students (n=116) and inner reliability and construct validity was assessed amongst patients (n=31) who all have experienced psychosis. MINI, a diagnostic interview was conducted to assess the patients' disorders. In order to assess the construct validity, PANSS interview was conducted as well as administration of the self-report scales PHQ, DASS and QOLS. **Results:** The results show that the Icelandic version of MANSA is a reliable instrument. (Cronbach's alpha: α = .86 and .89. Pearson's correlation between test and retest: r=.82). The convergent validity was good (Pearson's correlation between MANSA and QOLS: r=.86). The discriminant validity was between -.19 and -.65 (Pearson's correlation between MANSA, DASS, PHQ and PANSS. The results indicate that the Icelandic MANSA has good psychometric properties. The results furthermore indicate that outcome measures such as MANSA are essential when assessing treatments since psychiatric symptoms reductions do not necessarily signify an increase in quality of life.
Eating disorder symptoms and body-image among Icelandic athletes

Author: Petra Lind Sigurðardóttir

Supervisors: Hafrún Kristjánsdóttir, Sigurlaug María Jónsdóttir and Guðlaug Þorsteinsdóttir

**Background:** A growing body of evidence suggest that prevalence of eating disorders and body-image concerns are higher among athletes than non-athletes. Especially in sports that emphasize on specific weight or thinness, which can affect the athletes performance. **Purpose:** The aim of this study was to examine body-image and eating disorders among Icelandic athletes. **Method:** The participants included 1113 (not all answered all the questions) Icelandic athletes who practise their sport on regular basis and compete at the highest possible level of competition in Iceland. The response rate of the total sample was 33.8% (N = 376) men and 66.2% women (N = 737). The athletes represented 20 different sports, which were divided into 5 sport groups: aesthetic, ball game, endurance, weight class and fitness sports. To be eligible for participation, the athletes had to reach the year of 18- or older. Four questionnaires were used in the present study. The *Body Shape Questionnaire* (BSQ) was used to examine the prevalence of weight-preoccupied and eating disordered attitudes and behaviors among the athletes and *Bulimia Test-Revised (BULIT-R)* to assess the main symptoms of bulimia, *Eating Disorder Examination Questionnaire* (EDE-Q) was assessed to identify disordered eating attitudes and behaviors among the athletes and *Body Dysmorphic Disorder Questionnaire (BDDQ)* to assess body image concerns. **Results:** Overall, female athletes are more concerned about eating disorder attitudes and behavior than male athletes. Prevalence rates among women athletes in aesthetic sports and men in weight class sports are higher compared to other sport groups. **Conclusion:** The average rating of scales used in the present study were higher than in previous studies. These findings demonstrate the need to investigate the above mentioned factors more closely among athletes in Iceland and promote education to sport clubs, coaches and most importantly, athletes, about the negative aspects of sports.

Confabulation and False Memory in Young First Episode Psychotic Patients and Normal Controls.

Authors: Andri Hrafn Sigurðsson and Arnar Ingi Friðriksson.

Supervisors: Kamilla Rún Jóhannsdóttir

Forcing participants to confabulate information about events that never took place can affect the creation of false memories. Studies have demonstrated that forced confabulation can increase susceptibility to false memories in normal controls whereas patients’ with psychotic disorder generate more confabulation but do not hold on to their confabulated answers. Furthermore, studies have shown an unclear relation between confabulation and cognitive function. The aim of the present study is to further investigate confabulation and the creation of false memories in in young first episode psychosis patients.
and normal controls after controlling for cognitive functions. Participants (N = 60) carried out eight neuropsychological tests, watched a video excerpt and answered a questionnaire about the video. The participants were encouraged to guess answers to the questions if they did not remember the event. Participants were tested again one week later to see if they had created a false memory for the confabulated answers. It was hypothesized that patients would generate more confabulation and recall fewer of their confabulated answers as a false memory one week later compared to healthy controls. It was also hypothesized that cognitive function would not affect confabulation. The results revealed a significant main effect of time of interview on the false memory formation. Interaction between time of interview and group on the false memory formation was significant. One of eight neuropsychological tests significantly affected participants’ confabulation. Investigating these phenomena adequately, researchers, psychologists and other health workers can expect and determine its occurrence in different situations, as in psychological treatment when examining psychological condition, and in criminal investigations when individuals are interrogated and asked to remember or describe an event.

Risk factor for Obsessive-Compulsive disorder in the post-partum period

Author: Thelma Sif Sævarsdóttir
Supervisor: Linda Bára Lýðsdóttir

Objective: Studies have shown conflicting results on the possible role of traumatic and stressful life events in triggering the OCD onset. The postpartum period has been associated with an increased risk of developing obsessive-compulsive disorder (OCD) in women. The principal aims of this study were to examine the prevalence rate and possible risk factors for OCD in the postpartum period. The study also explores the association between OCD and some traumatic and stressful life events. Method: This research is a secondary analysis of data from an Icelandic study on the mental health of women in perinatal period (Geðheilsa kvenna og barneignir). Women attending antenatal clinics in Iceland during the years 2006-2012 were asked, during pregnancy (weeks 16, 25 and 36) and postpartum (week 9 and 5th month) to complete the Edinburgh Postnatal Depression scale (EPDS) and Depression Anxiety and Stress Scales (DASS). After being screening positive for depression and/or anxiety, women were asked to attend a psychiatric diagnostic interview both during pregnancy and postpartum. In total 465 women were interviewed in the postpartum period. The Mini-International Neuropsychiatric Interview Plus (MINI Plus) was used to diagnose the women according to DSM-IV criteria. Socio-demographic and clinical data were also collected by researchers as well the women’s experience of potentially traumatic and stressful life events. Women who met the diagnostic criteria for OCD were compared with women without OCD. Results: Preliminary evidence has shown that of the 465 women who were interviewed in the postpartum period, 76 (16.3%) of the sample met the diagnostic criteria for OCD. Of them, 26 (37.1%) had a history of pregnancy loss. Conclusion: Women have increased risk of OCD in the
postpartum period. Some possible risk factors may be associated with the expression of OCD. Pregnancy loss might be one of them.

**Psychometric properties of the Icelandic version of the Calgary depression scale for schizophrenia**

Author: Þorri Snæbjörnsson  
Supervisor: Þorbjörg Sveinsdóttir and Jón Friðrik Sigurðsson

Results show that the CDSS is a good measure of depression in schizophrenia because it seems to be the only scale that measures depression in schizophrenia independent of positive or negative symptoms and antipsychotic-induced side effects. The purpose of this study is to check the psychometric properties of the Icelandic version of the CDSS and its ability to differentiate between negative symptoms of schizophrenia and depression. It is important to check its psychometric properties and to determine a cut off score before it can be used for research and clinical purposes. **Method:** The participants in this study were 35. All of the participants were recruited from an in-patient ward, which is an early intervention treatment center for young people with first episode psychosis. M.I.N.I., DASS, CDSS and PANSS were administered. The data for each participant was collected within a period of one week. **Results:** Results showed that the CDSS did not have a satisfactory level of internal consistency, as determined by a cronbach's alpha of only 0.67. The ROC curve analysis shows that the CDSS has an excellent predictive ability to discriminate between subjects with a diagnosis of depression from those who are not depressed (AUC = 0.93). The ROC curve analysis found an optimal cut off score of 6.5 which is similar to the original scale. The CDSS did have higher correlation to other measurements of depression ($r = .35$) than to measurements assessing other constructs ($r = .19$ and $r = .26$). **Discussion:** The CDSS is a good tool to discriminate between subjects with depression from those who are not depressed. However the CDSS should not be used for research or clinical purposes as it is, due to its lack of internal consistency and Convergent Validity and should be researched further. This research had several limitation, mainly the fact that it had very few participants.

**Depression among Older Adults in Iceland**

Author: Þóra Kristín Flygenring  
Supervisor: María Kristín Jónsdóttir

**Background/aims:** Depression among the elderly in Iceland has not been studied extensively, and it is therefore important to examine this subject further. The aims of the study were to assess depression and determine risk factors in this group of people. **Method:** Participants were 300 senior citizens between
the ages of 65-100 (M=77.3). Possible risk factors that were examined in relation to depression were age, gender, residence (urban or rural), marital status, education level, loneliness, and cognitive status. Participants completed several cognitive tests, as well as a few subjective self-assessment scales, including the Geriatric Depression Scale (GDS), the Mini Mental Status Examination (MMSE), the Mattis Dementia Rating Scale (MDRS-2), The Memory Complaints Questionnaire (MCQ), and the UCLA Loneliness Scale. Results: Around 12% of participants (8.3% of males and 13.5% of females) had a score of 11 or more on GDS, which is an indication of depression. Less than 7% of participants showed mild depressive symptoms, whereas around 5% showed moderate or severe symptoms. Participants who were less lonely and those who had better memory were less likely to be depressed than other participants. Males showed fewer symptoms of depression than females, and older participants showed more symptoms than younger ones. Married participants also showed fewer symptoms than those who were divorced, widowed, or unmarried. Residence and education level were not related to depression. Conclusions: The results are consistent with studies conducted abroad, in regards to gender differences, marital status, loneliness, and cognitive decline. Depression appears to affect people of all ages, but the results suggest that among the elderly, depression gets more prevalent with increasing age. Previous studies, however, have suggested that depression might be under-diagnosed in this group. It is therefore imperative that health care personnel are conscious of the risk of depression when they assess the physical and psychological state of elderly patients.