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Motivation for solitude: a validation of the Czech version of the MSS-SF instrument

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Introduction: Positive solitude appears to have a positive impact on mental health, social relations, greater life satisfaction, and creativity. Contrastingly, loneliness and social isolation often seem to be associated with depressive symptoms, and an increased risk of cardiovascular disease, stroke, cognitive decline or suicide. The "Motivations for Solitude Scale - short form" (MSS-SF) asks the question of "why" individuals seek solitude, such as self-discovery, social disinterest or autonomy, as it distinguishes between self-determined and non-self-determined solitude.
Objectives: The purpose of this study was to validate the MSS-SF questionnaire in Czech adults and to assess its psychometric properties. As the instrument was originally validated in adolescents and emerging adults, we compared the analyses between the adult (26 to 64 years old) and the emerging adult (18 to 25) subgroups. We also tested for convergent validity with relevant measures.
Methods: The final sample consisted of 1274 adults between 18 and 64 years old (M = 37.4, SD = 12.1). The measures used in the study were MSS-SF, Positive Solitude Scale, the UCLA Loneliness Scale and DeJong Gierveld Loneliness Scale. Reliability was assessed using Cronbach's alpha. To test the validity, we computed an inter-item correlation as well as correlations with the other questionnaires. For factorial validity, we run a confirmatory factor analysis. To compare the MSS-SF in emerging adults vs. adults, we used a multigroup factor analysis and independent samples t-tests.
Results: The two-factor model of the MSS-SF demonstrated a good fit to the data with all indices within the acceptability range. The correlation of the items supported the two subscales design of the questionnaire. The subscales correlated with other instruments suggesting a good concurrent validity. Both self-determined solitude and non-self-determined solitude differed significantly between the groups. A multigroup analysis showed that the two-factor model provided a good fit to the data in both groups, with significant loadings for all items.
Conclusions: The Czech version of the MSS-SF is a valid instrument to measure motivation for solitude in adults as well as emerging adults. The two-subscale solution fit the data and correlated with other measures of loneliness and solitude. In comparison with adults, emerging adults scored lower on self-determined solitude and showed similar results across the loneliness instruments.

Disclosure of Interest: None Declared

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On Maternal Burnout Assessment Tool validity and reliability: key statistical indicators

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Introduction: Maternal burnout is a widely recognized condition seriously affecting the life of a mother, her child and those around them. The importance of its timely identification, as well as increasing general awareness of the characteristics of this phenomenon, may not be overestimated. As a result, there exists a need for modern instruments for the assessment of the condition in Russian language, which meet up-to-date validity requirements.
Objectives: Our research objective was to create a tool for studying the condition of maternal burnout based on a recent and internationally recognized burnout questionnaire, so that maternal burnout may then be suitably assessed, and potentially compared to work-related burnout in the future.
Methods: A maternal burnout questionnaire in Russian (the Maternal Burnout Assessment Tool, MBAT) has been prepared on the basis of the work-related Burnout Assessment Tool (BAT) questionnaire by replacing the references to work with references to childcare and making other minor adjustments, as required, to appropriately adapt the work-related BAT wording. The surveys were conducted between September 2023 and January 2025. The samples consisted of up to 792 mothers with children up to seven years of age. Additionally, to measure optimism, depressive tendencies and anxiety, LOT-R, BDI and State-Trait Anxiety Inventory by C. Spielberger in their respective Russian adaptations were used.
Results: We have achieved the replication of the original BAT-23 four-factor structure (as supported by confirmatory factor analysis), with the exception of question 13, which has been dropped as not duly fitting the factor structure based on the relevant statistical checks. The resulting model fit indices are as follows (N=792):

Table 1.

$\chi 2$	S-B$\chi 2$*	Df**	RMSEA	CFI	TLI	SRMR
644	556	203	0.052	0.956	0.950	0.037

** Chi-square as adjusted by the Satorra–Bentler scaling factor ** p <0,001*

The internal consistency of the MBAT has been supported by the following Cronbach's alpha coefficients: the composite 0.94 for the total burnout score, 0.90 for the exhaustion subscale, 0.83 for the mental distance subscale, 0.89 for the cognitive impairment subscale and 0.87 for the emotional impairment subscale.
As to the convergent and discriminant validity, it is confirmed by the associations of the total burnout score with, among others, such indicators as: optimism (N=469, r=-0.52, p <0,001), depressive tendencies (N=392, r=0.62, p <0,001), state anxiety (N=356, r=0.61, p <0,001) and trait anxiety (N=356, r=0.57, p <0,001) (in each case using Spearman's rank correlation coefficient).

Conclusions: In view of the above, the MBAT, being an instrument created on the basis of the BAT model and wording, is a valid and reliable tool for assessing maternal burnout and may be used for research purposes. For the use of this questionnaire in assessing paternal burnout, further research on an adequate sample of fathers needs to be conducted.

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Schizophrenia and Other Psychotic Disorders

EPP111

Late-Onset Schizophrenia (≥ 50 Years): A Retrospective Study of 30 Hospitalized Psychiatric Cases

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Introduction: Late-onset schizophrenia (≥ 50 years) is a clinical entity that remains relatively under-studied. It has drawn the attention of many researchers who have attempted to clarify its definition and characteristics. While most authors agree on defining it as a clinical presentation beginning after the age of 40, there is still disagreement regarding its specific clinical features and progression.(Yasuda M et al.Late-onset schizophrenia; 2013 Apr; 71 (4):707-11)
Objectives: To describe the clinical, therapeutic, and evolutionary characteristics of elderly patients hospitalized for late-onset schizophrenia.
Methods: This is a descriptive retrospective study involving 30 patients aged 60 and over, hospitalized in the psychiatry department of Ibn Nafis Hospital – University Hospital Center Mohammed VI in Marrakech, between January 2024 and July 2025, with a diagnosis of schizophrenia whose first symptoms appeared after the age of 50. Clinical, sociodemographic, therapeutic, and outcome-related data were collected from medical records.
Results: The average age of the patients was 62 years, with a female predominance (59%). The onset was insidious in 48.7% of cases. Persecutory delusions were the most frequently reported themes (74.3%), while auditory hallucinations were the most common delusional mechanism (81.2% of cases). Negative symptoms were observed in only 13% of patients. The majority of patients (86%) showed a good response to antipsychotic treatment, with a preference for atypical antipsychotics. Risperidone was prescribed in 48.3% of cases. Adverse effects were noted in 23.7% of cases.
Conclusions: Late-onset schizophrenia is characterized by specific clinical features and often follows a more stable course than early-onset forms. Better recognition of this entity is essential to avoid diagnostic delays and to tailor therapeutic strategies to the aging population.(Wynn Owen PA et al. Late-onset schizophrenia: epidemiology, diagnosis, management and outcomes. Drugs Aging. 1999 Aug;15(2):81-9).

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Schizophrenia, a Narrow Scope of Negative Symptoms in Correlation with Multiple Factors

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Introduction: This study is conducted to observe negative symptoms details in correlation with multiple factors. 90 patients(n=90) diagnosed with schizophrenia were interviewed and observed in the outpatient clinic during there follow-up appointments.
Objectives:

- **First question:** Are there any correlations between severity of negative symptoms and factors such as age, duration and educational level ?
- **Second question:** What is the relationship between compliance to medications and severity of negative symptoms?
- **Third question:** What are the differences between the specific negative symptoms developed between male and female patients as measured by PANSS?

Methods: 90 patients with schizophrenia were observed and interviewed in the outpatient clinic during their follow up appointments, and patients' informed consent was obtained. Pearson and Spearman's Rho correlation tests, Kruska-Wallis test, independent t-test and PANSS, (Positive and Negative Syndrome Scale of Schizophrenia), were used for this study.
Results:

Table 1. Pearson and Spearman's Rho correlation tests results between age, and duration of the illness, and educational level with the negative symptoms

Variables		Age	Duration of the illness	Educational level
Negative symptoms	Correlation Coefficient	.303**	0.324**	–0.581**
	Sig. (2-tailed)	0.005	0.002	0.000

Table 2. Kruska-Wallis test for the differences in compliance to medications and the severity of negative symptoms

Compliance to medications	N	Mean Rank	Kruska-Wallis H	Sig.
poor	11	63.50	16.875	0.000
moderate	11	47.95		
good	59	36.12		
forced	3	71.00		

Gender	N.	Mean	Std. Deviation	T	Df	Sig.
Male	49	26.65	7.551	1.681	88	0.096
Female	**41**	**23.93**	**7.792**			